RESOURCE PACKET

For Speech/Language Impairments General Assessment

ED –4074 / 2003: S-L General Assessment Resource Packet
Department of Education

Speech or Language Impairment

1. Definition

State Board of Education Rule 0520-1-9-.01 (15) (n) "Disabilities"

"Speech or Language Impairment" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

2. Eligibility Standards

a. Speech/language impairment shall be determined through the demonstration of impairments in the areas of language, articulation, voice, and fluency.
   (1) Language Impairment – A significant deficiency which is not consistent with the student's chronological age in one or more of the following areas:
      (a) a deficiency in receptive language skills to gain information;
      (b) a deficiency in expressive language skills to communicate information;
      (c) a deficiency in processing (auditory perception) skills to organize information.
   (2) Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech which is not consistent with chronological age.
   (3) Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
   (4) Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

b. The characteristics as defined above are present and cause an adverse affect on educational performance in the general education classroom or learning environment.

c. Speech/language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectical differences.

3. Evaluation Procedures

a. Language impairment - a significant deficiency in language shall be determined by:
   (1) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and
   (2) a minimum of two (2) measures shall be used, including criterion and/or norm-referenced instruments, functional communication analyses, and language samples. At least one standardized comprehensive measure of language ability shall be included in the evaluation process.

Evaluation of language abilities shall include the following:

(a) hearing screening;

(b) reception: vocabulary, syntax, morphology;

(c) expression: mean length of utterance, syntax, semantics, pragmatics, morphology;

(d) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration; and

(e) documentation and assessment of how a language impairment adversely affects educational performance in the classroom or learning environment.

b. Articulation Impairment – a significant deficiency in articulation shall be determined by either:

(1) articulation error(s) persisting one year beyond the highest age when 85% of the student have acquired the sounds based upon current developmental norms; or

(2) evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes; and

(3) misarticulations which interfere with communication and attract adverse attention.

Evaluation of articulation abilities shall include the following:

(a) appropriate formal/informal instrument(s);

(b) stimulability probes;

(c) oral peripheral examination;

(d) analysis of phoneme production in conversational speech; and

(e) documentation and assessment of how an articulation impairment adversely affects educational performance in the general education classroom or learning environment.

c. Voice impairment – evaluation of vocal characteristics shall include the following:

(1) hearing screening;

(2) examination by an otolaryngologist;

(3) oral peripheral examination; and

(4) documentation and assessment of how a voice impairment adversely affects educational performance in the general education classroom or learning environment.

d. Fluency impairment – evaluation of fluency shall include the following:

(1) hearing screening;

(2) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;

(3) oral peripheral examination; and

(4) documentation and assessment of how a fluency impairment adversely affects educational performance in the general education classroom or learning environment.

4. Evaluation Participants

a Information shall be gathered from the following persons in the evaluation of a speech or language impairment:

(1) the parent(s) or guardian of the child;

(2) the child's general education classroom teacher;

(3) a licensed speech/language teacher or therapist;

(4) a licensed otolaryngologist (for voice impairments only); and

(5) other professional personnel as indicated.

Speech and Language Evaluation Report

Name: Examiner:
Sex: Present School:
Present Grade Placement: Teacher:
Date of Birth: C. A.: Date of Evaluation:

I. Purpose of Evaluation

- ❑ This speech and language evaluation was requested to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired.
- ❑ This is a reevaluation in order to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired. (See reevaluation summary in student's special education file.)
- ❑ A speech and language evaluation was requested to gather more information to be used in planning the IEP.

II. History And Behavioral Observations

Relevant Developmental and Medical History:

_____

_____

❑Teacher Input and Teacher Observation forms are attached. ❑Parent Information is attached.

Behavior Observations:
During the assessment the student was ❑ Cooperative ❑Attentive ❑ Distracted ❑Other_____

❑Test results are considered valid.
❑Test results should be viewed with caution, as they may not indicate an accurate current level of communicative abilities.
Comments: _____

_____

III. Environmental Considerations and Dialectal Patterns

Is the student ELL or ESL? ❑ Yes ❑ No If yes — Is the child English Language Proficient? ❑ Yes ❑ No
Home Language (L1) _____ Child's Dominant Language _____

IV. Hearing

❑ Pass ❑ Fail Comments: _____

V. Speech Assessment

A. Articulation Test: _____
Speech Sample: _____

Intelligibility of conversational speech:

In known contexts	❑ Good	❑ Fair	❑ Poor
In unknown contexts	❑ Good	❑ Fair	❑ Poor
Stimulability for correct sound production	❑ Good	❑ Fair	❑ Poor

Articulation Errors

Error sounds/patterns which were produced and which are considered below normal limits for a child this age included the following:

	Substitution	Deletion	Distortion
Initial			
Medial			
Final			

Phonological Error Patterns

(Patterns checked should not be used by a child this age)

___ Initial consonant deletion (up for cup)
___ Final consonant deletion (do for dog)
___ Weak syllable deletion (tephone for telephone)
___ Intervocalic deletion (teephone for telephone)
___ Cluster reduction (sove for stove, cown for clown)
___ Voicing/Devoicing (bear for pear, koat for goat)
___ Stopping (tun for sun, pour for four)
___ Backing (kable for table)
___ Fronting (tup for cup, thun for sun)
___ Stridency deviation (soe for shoe, fumb for thumb)
___ Liquid simplication (wamp for lamp, wed for red)
___ Deaffrication (tair for chair, dump for jump)
___ Other: _____

Exhibited developmental speech sound errors affecting: _____

❑No Apparent Articulation Problem ❑Articulation Problem Indicated

Comments:

_____

_____

_____

_____

B. **Oral Peripheral Exam:** ❑Oral structure and movement appear adequate for speech production
❑Deviations: _____

C. Voice: Test: _____ Other: _____
❑Appropriate for sex and age
❑Not Appropriate for sex and age
Comments/Characteristic: (see attached): _____

D. Fluency: Test: _____ Other: _____
❑Appropriate
❑Inappropriate
Student's attitude about stuttering: ❑ See attached documentation ❑ Refer to Parent Information
Comments/Characteristics (see attached): _____

VI. Language Assessment:

Test: _____ Results: Receptive Score: _____
Expressive Score: _____
TOTAL SCORE: _____

Test: _____ Results: _____

Test: _____ Results: _____

Total language score is:
❑Within 1.5 SD of the mean ❑Greater than 1.5 SD from the mean

There ❑ is ❑ is not a significant difference between receptive and expressive language scores.

Areas of Strength:	Areas of Weakness:
_____	_____
_____	_____
_____	_____

Informal Language Sample reveals appropriate:

Sentence Length and Complexity (MLU)	Word Order (syntax)	Vocabulary (semantics)	Word Form (morphology)	Use of Language (pragmatics)
❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No	❑Yes ❑No

Comments: _____

Functional Communication Assessment
Comments/Characteristics (see attached): _____

VII. Effect on Educational Performance (Based on Data Collected)

❑ Does not adversely affect educational performance.
❑ Does adversely affect educational performance.
❑ Evidence (grades, work samples, anecdotal information, etc.) are attached.

VIII. Diagnostic Impressions

This student DOES MEET the eligibility standards for the following impairment(s):
❑Language ❑Articulation ❑Fluency ❑Voice

This student DOES NOT MEET the eligibility standards for the following impairment(s):
❑Language ❑Articulation ❑Fluency ❑Voice

IX. Recommendations

_____
_____
_____
_____
_____

This report is submitted to the IEP team for consideration when making decisions regarding placement and programming. Attach additional information to report.

_____
Speech-Language Therapist

EARLY INTERVENTIONS WORKSHEET FOR SPEECH/LANGUAGE

NOTE: *When completed, this worksheet becomes part of the child's educational records. It should be completed prior to the child's initial referral.*

Child's Name _____ DOB _____ Grade _____
School _____ Date _____ Teacher _____

- The reason for request included concerns related to speech and/or language.
  Yes ❑ No ❑
  Area(s) of Concern: _____
  _____
  _____
  _____

- The SLT and classroom teacher were active participants in early intervention process.
  Yes ❑ No ❑
  If NO, explain: _____
  _____
  _____

- A review of existing records indicated areas of concern related to communication.
  Yes ❑ No ❑

Check which records were reviewed:

❑Preschool (e.g., nursery, day care, early intervention)
❑Cumulative
❑School health
❑Other medical
❑Active/inactive special education
❑Other service providers (e.g., psychologist, social workers, Occupational Therapists, Physical Therapists, private providers)

Other (describe) _____
_____

Comments _____
_____
_____
_____
_____

(For ELL Students Only)

ELL Teacher was an active participant in early intervention process.

Yes❑ No ❑

If NO, explain:

Home Language Survey was reviewed.

Yes❑ No ❑

Home language is _____.

Native and English language dominance and language proficiency have been determined.

Yes❑ No ___

		Listening	Speaking	Reading	Writing
L1	Child is dominant in				
L2	Child is dominant in				

Comments:

Date of last hearing screening _____/ Results:_____
Date of last vision screening _____/ Results:_____

Comments _____
_____
_____

Observation of child was conducted. Yes❑ No ❑

Comments _____
_____
_____

Conversation was held with child. Yes❑ No ❑

Comments _____
_____
_____

Describe early intervention strategies and effectiveness of each.

1. _____
2. _____
3. _____
4. _____
5. _____

If successful, the early intervention process is stopped. This does not preclude later referral for general education assistance or later referral to the IEP team. If the child is referred to Special Education, attach this report to the referral form.

PARENT INPUT FORM – GENERAL
CONFIDENTIAL

STUDENT INFORMATION

Name _____ Form completed by _____Date _____

Date of birth _____ Age _____

PARENTS/LEGAL GUARDIANS *(Check all that apply.)*

1. With whom does this child live?

❑ Both parents	❑ Mother	❑ Father	❑ Stepmother	❑ Stepfather

❑ Other _____

2. Parents'/Legal Guardians' Name _____

   Address _____

   Home phone _____ Work phone _____ Cell phone _____

   List names and relationships of people at home _____

3. Are there any languages other than English spoken at home? ❑ Yes ❑ No

   If yes, what languages? _____ By whom_____ How often? _____

4. Areas of Concern *(Check all that apply.)*

❑ Behavioral/emotional	❑ Slow development	❑ Listening
❑ Immature language usage	❑ Difficulty understanding language	❑ Health/medical
❑ Slow motor development	❑ Vision problems	❑ Uneven development
❑ Speech difficult to understand	❑ Stuttering	❑ Other: _____

5. Why are you requesting this evaluation? _____

   _____

6. Did anyone suggest that you refer your child? ❑ Yes ❑ No

   If yes, name and title _____

7. Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child?

   ❑ Yes ❑ No

8. Was a diagnosis determined? ❑ Yes ❑ No

   Please explain: _____

PRESCHOOL HISTORY *(Check all that apply.)*

1. Preschool/daycare programs attended

   Name _____ Address _____ Dates_____

   Name _____ Address _____ Dates_____

2. List any special services that your child has received (e.g., Head Start, therapy, etc.):

   Type of service _____ Age _____ Dates _____ School/agency _____

   Type of service _____ Age _____ Dates _____ School/agency _____

3. If your child has attended a preschool or daycare and problems were discussed with you about his/her behavior, explain what was tried and if you think it worked_____

   _____

   _____

   _____

DEVELOPMENTAL HISTORY

1. Pregnancy and Birth

   Which pregnancy was this? ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th Other_____ Was it normal? ❑ Yes ❑ No

   Explain any complications _____

   Was your child – ❑ Full term ❑ Premature What was the length of labor? _____

   Was the delivery – Induced? ❑ Yes ❑ No Caesarian? ❑ Yes ❑ No

   Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.)_____

   _____

2. Motor Development *(List approximate ages)*

Sat alone	Crawled	Stood alone
Walked independently	Fed self with a spoon	
Toilet trained: Bladder	Bowel	

3. Medical History

   List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).

   _____

   List any medications taken on a regular basis _____

   _____

   List medical treatments (e.g., PE tubes, inhalers, medications, ear wax removal) _____

   _____

4. Speech and Language *(List approximate ages.)*

   _____ Spoke first words that you could understand (other than *mama* or *dada*)

   _____ Used two-word sentences

   _____ Spoke in complete sentences

   _____ Does your child communicate primarily using speech?

   _____ Does your child communicate primarily using gestures?

   _____ Is your child's speech difficult for others to understand?

   _____ Does your child have difficulty following directions?

   _____ Does your child answer questions appropriately?

5. Social Development

   What opportunities does your child have to play with children of his/her age? _____

   _____

   What play activities does your child enjoy? _____

   Does s/he play primarily alone? ❑ Yes ❑ No With other children? ❑ Yes ❑ No

   Does s/he enjoy "pretend play?" ❑ Yes ❑ No

   Do you have concerns about your child's behavior? ❑ Yes ❑ No If yes, please explain:

   _____

   _____

   How do you discipline your child? _____

Thank you for providing the above developmental information about your child. Please return to the Speech - Language Therapist at your child's school. If you have any questions, please feel free to contact _____ at

_____.

GENERAL EDUCATION TEACHER'S INPUT
(Indirect Observation)

Student's Name _____ Grade _____ Teacher _____

Please carefully consider the following questions and provide as much information as possible regarding this student's typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student's reading skills (e.g., decoding, comprehension, and automaticity):

_____
_____
_____
_____

Describe this student's math skills (e.g., calculation, numerical concepts, and word problems):

_____
_____
_____
_____

Describe other academic concerns/performance levels (e.g., science, social studies, and problem-solving skills):

_____
_____
_____
_____

Describe this student's behavior in the classroom (e.g., following rules, attention to task, organizational skills, relationships to peers, problems or concerns):

_____
_____
_____
_____

This student does not perform academically in the classroom in a manner that is commensurate with current academic standards (check one). ❑ **Yes** ❑ **No**

_____
Printed Name

_____ _____
Signature Date

HEARING SCREENING GUIDELINES

Purposes and Rationale

The goal of hearing screening is to identify peripheral Hearing Impairments that may interfere with the development of speech and/or language in students with suspected Speech or Language Impairments who have been referred for eligibility determination for special education services. The screening for a Hearing Impairment is a pass-refer procedure to identify those students who require further audiological evaluation or other assessment. School-age children with even minimal Hearing Impairments are at risk for academic and communicative difficulties (Tharpe & Bess, 1991). Due to the critical importance of identifying any hearing difficulties that may affect the student's speech and language, the minimal screening level of 20 dB HL has been recommended by the American Speech Language and Hearing Association Panel on Audiologic Assessment (1997). General education hearing screening is part of the early intervention process and should be completed prior to initiation of the speech and language referral. If hearing screening has not been completed through the general education screening process, screening by the Speech-Language Therapist does not require individual parental permission.[1]

Considerations

Screening procedures for the purpose of assessment for Speech or Language Impairments may be conducted by the SLT. As a part of the case history obtained for all referred students, indicators of possible Hearing Impairment should be investigated by obtaining information regarding:

1. family history of hereditary childhood hearing loss;
2. in utero infection such as cytomegalovirus, rubella, syphilis, herpes and toxoplasmosis;
3. craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal;
4. ototoxic medications;
5. bacterial meningitis and other infections associated with sensorineural hearing loss;
6. stigmata or other findings associated with a syndrome known to include sensorineural and/or conductive hearing loss;
7. head trauma associated with loss of consciousness or skull fracture;
8. neurofibromatosis type II or neurodegenerative disorders;
9. recurrent or persistent otitis media with effusion for at least three months;
10. exposure to high levels of environmental noise associated with noise-induced Hearing Impairments;
11. functional listening skills as observed by parents in the home setting and by teachers in the classroom.

[1] TN Rules and Regulations .0520-1-9.14 (5)(c2) – (c) Parental consent is not required before: 1) Reviewing existing data as part of an evaluation or a reevaluation or, 2) Administering a test or other instrument that is administered to all children unless consent is required of parents of all children.

Screening Procedures

Setting/Equipment Specifications

1. Conduct screening in a quiet environment with minimal visual and auditory distractions. Ambient noise levels must be sufficiently low to allow for accurate screening (American National Standards Institute, 1991). Ambient noise levels should not exceed 49.5 dB SPL at 1000 Hz, 54.5 dB SPL at 2000 Hz, and 62 dB SPL at 4000 Hz when measured using a sound level meter with octave-band filters centered on the screening frequencies.
2. Meet ANSI and manufacturer's specification for calibration (American National Standards Institute, 1996) and regulatory agency specification for electrical safety of all electroacoustical equipment.
3. Calibrate audiometers to ANSI – S3.6-1996 specifications regularly, at least once every year, following the initial determination that the audiometer meets specifications.
4. Perform daily listening check to rule out distortion, cross talk, and intermittence and determine that no defects exist in major components.

Screening Protocol

1. Visually inspect the ears to identify risk factors for outer or middle ear disease such as drainage and abnormalities of the pinna or ear canal.
2. Conduct screening in a manner congruent with appropriate infection control and universal precautions (Occupational Safety and Health Administration, 1991).
3. Condition the student to the desired motor response prior to initiation of screening. Administer a minimum of two conditioning trials at a presumed suprathreshold level to assure that the student understands the task.
4. Some preschool children ages 3-5 years may be able to reliably participate in conditioned play audiometry, a form of instrumental/operant conditioning in which the child is taught to wait and listen for a stimulus, then perform a motor task such as dropping a block in a box in response to the stimulus. The motor task is a play activity, which serves as a reinforcement. Other preschool students may be able to participate in conventional audiometry without the reinforcement of the play activity.
5. Screen the student's peripheral hearing under earphones using 1000, 2000, and 4000 Hz tones at 20 dB HL in each ear.
6. At least two presentations of each test stimulus may be required to assure reliability in preschool children.

Pass/Refer Criteria

1. "Pass" if a student's responses are judged to be clinically reliable at the criterion decibel level of 20 dB HL at each frequency in each ear. Note that for preschool children at least two presentations of each test stimulus may be required to assure reliability. If a school age child does not respond at the 20 dB criterion level at any frequency in either ear, repeat instructions, reposition the earphones and rescreen within the same screening session in which the student fails. Pass the student who passes the rescreening.

   In order to rule out temporary hearing deficits of school-age children who fail the first screen-rescreen session due to allergies, colds, etc. conduct a follow-up screening in two weeks.

2. Refer for further assessment by the school district's Audiologist if:
   a) the preschool student does not respond at least 2 out of 3 times at the criterion level of 20 dB HL at any frequency in either ear;
   b) the school-age student has failed both first and second screening sessions; or
   c) the student cannot be conditioned to the screening task.
4. Document specific results from hearing screening on the *Hearing Screening* form.
5. Document results from the hearing screening on the *Eligibility Report*.

EXAMINATION OF ORAL PERIPHERAL MECHANISM

Name: _____ Date: _____ Examiner: _____

1. **Facial Appearance** _____

2. **Lips**
   - Appearance _____
   - Habitual posture: ❑ Closed ❑ Parted
   - Mobility: ❑ Press ❑ Purse ❑ Retracts

3. **Jaw Mobility** Sufficient_____ Insufficient_____ Excessive_____

4. **Tongue**
   Appearance at rest: _____
   Size: ❑ Appropriate ❑ Too large ❑ Too small
   ❑ Protrusion ❑ Tremors ❑ Deviation
   Mobility: ❑ Elevation ❑ Lateralization ❑ Licks lip with tongue ❑ Lingual Frenum
   ❑ Moves independently with jaw ❑ Sweeps palate from alveolar ridge

5. **Palate**
   Appearance of hard palate_____ Length of soft palate_____
   Mobility_____ Gag Reflex_____
   Closure evidently complete_____
   Uvula _____ Length _____ Mobility _____ Bifid _____

6. **Diadochokineses**
   Papapa – (avg. =3-5 ½) _____ kakaka – (avg. = 3 ½ - 5 ½) _____
   Tatata – (avg. =3-5 ½) _____ putuku – (avg. = 1-1 ¾) _____
   (Below=less than 1 per sec.) _____
   (Above=more than 1 per sec.) _____
   (See instructions for assessment of diadochokinetic rate.)

7. **Tongue Thrust**
   Does s/he swallow with teeth apart? Yes❑ No❑
   Can you see the tongue when s/he swallows? Yes❑ No❑
   If s/he swallows with the lips closed,
   can you see tensing of the chin? Yes❑ No❑

8. **Dental observations** Spacing_____ Missing teeth_____
   Alignment: normal_____ misaligned_____ spaced_____
   Condition: good_____ slight decay_____ moderate decay_____ excessive decay_____
   Occlusion : normal_____ overjett_____ edge to edge_____ crossbite_____

9. **Breathing** Mouth breather? Yes❑ No❑
   Other deviations noted: _____
   _____

10. **Comments** _____
    _____
    _____

INSTRUCTIONS FOR ASSESSING DIADOCHOKINETIC SYLLABLE RATES

Instructions to Student

1. "I want you to say some sounds for me. They aren't words, just sounds. I'll show you how to make the sound then you can say it with me. Then you'll try it yourself as fast as you can. The first one is…".
2. "Now try it with me." (First practice trial of approximately three seconds in unison.)
3. "Now do it by yourself, as fast as you can…" (Second practice trial of approximately three seconds.) "Good... fine."
4. "Now I want you to do it once more. This time it has to be a long one. I'll tell you when to start. Don't stop until I tell you. Ready? Start." (Count repetitions beginning with this trial.)
5. "The next sound is…" (Continue with syllable presentations in order of table of norms.)
6. Repeat directions for each newly introduced syllable(s).

Scoring

Time the number of seconds it takes the student to complete each task the prescribed number of times. The average number of seconds for children from 6 to 13 years of age is reported below.

The Fletcher Time-by-Count
Test of Diadochokinetic Syllable Rate

Fletcher, S. G., Time-by-count measurement of diadochokinetic syllable rate.
J. Speech Hearing Res., 15, 763-770 (1972)

SYLLABLE	REPETITIONS	NORMS BY AGE							
		6	7	8	9	10	11	12	13
pʌ	20	4.8	4.8	4.2	4.0	3.7	3.6	3.4	3.3
tʌ	20	4.9	4.9	4.4	4.1	3.8	3.6	3.5	3.3
kʌ	20	5.5	5.3	4.8	4.6	4.3	4.0	3.9	3.7
fʌ	20	5.5	5.4	4.9	4.6	4.2	4.0	3.7	3.6
lʌ	20	5.2	5.3	4.6	4.5	4.2	3.8	3.7	3.5
		1.0*		**0.7***		**0.6***			
pʌtə	15	7.3	7.6	6.2	5.9	5.5	4.8	4.7	4.2
pʌkə	15	7.9	8.0	7.1	6.6	6.4	5.8	5.7	5.1
tʌkə	15	7.8	8.0	7.2	6.6	6.4	5.8	5.5	5.1
		2.0*		**1.6***		**1.3***			
pʌtəkə	10	10.3	10.0	8.3	7.7	7.1	6.5	6.4	5.7
		2.8*		**2.0***		**1.5***			

Normative data were collected from utterances of 384 children (24 boys and 24 girls at each age level).

REEVALUATION AND DISMISSAL (EXIT) GUIDELINES

IDEA specifies that reevaluation "shall occur at least every three years or if conditions warrant a reevaluation, or if the teacher or parents request a reevaluation". The Office of Special Education Programs (OSEP) has interpreted the provision for the Reevaluation Review in IDEA'97 as a reaction to the over-emphasis on testing and test results when determining a student's continuing need for special education services. Before the 1997 reauthorization of IDEA the reevaluation placed very little emphasis on the child's special education services and the appropriateness of the child's IEP.

Purpose of Reevaluation Review

1. to focus on the student's progress in and/or access to the general education curriculum,
2. to focus on the student's progress in the Special Education program,
3. to address the student's IEP in meeting the unique needs of the student,
4. to investigate the need for further evaluation when the student is not progressing commensurate with his or her IEP goals and objectives, and
5. to determine continued eligibility.

A Formal, Comprehensive Reevaluation Should Be Considered

1. when the validity and/or reliability of the initial or previous evaluation are in question,
2. when the student's age at the time of assessment (usually before age 8) has skewed the validity or reliability of evaluation results (assessment results increase in validity and reliability after the age of eight),
3. when previous evaluation results indicate external variables affecting the reliability of the previous assessment data, for example -- the child was easily distracted, situational crises in the home or school environment, or frequent change of schools,
4. when significant discrepant results were obtained by the student on two previous evaluations with no other explanation of this discrepancy,
5. when the results of the "Reevaluation Summary Report" indicate discrepancies or pose questions regarding the student's progress in his/her Special Education program and the IEP team determines there is a need to obtain more information through formal assessment,
6. when a comprehensive reevaluation is requested by the student's parent or other members of the student's IEP team, and/or
7. when the student has made progress and consequently, may no longer meet the eligibility standards for a speech and/or language impairment.

Components of a Reevaluation Review Summary

1. Background Information
   a. Review of medical and sensory information
   b. Educational Review
      - Disability information
      - Special Education services provided currently and in the past three years
      - Review of other aspects of the student's progress that may be impacting the success of the educational program, including attendance, number of schools attended, school retention, behavior and discipline review

2. Review of Previous Assessment Information
   a. Previous evaluation information
   b. IEP team determination of the validity and reliability of previous evaluations
3. Current Classroom-Based Assessment
   a. Input from the Parent, General Education, Special Education and/or Related Services Teacher
   b. Review of statewide and/or district-wide assessments
4. The IEP *Reevaluation Summary Report* considers whether:
   a. there is no further data needed in order to determine eligibility for services.
   b. the parent has been informed of the reasons for no further assessment.
   c. the parent understands that further assessment can be made if the parent wishes to request additional assessment.
   d. the parent has received a written copy of the Reevaluation Summary Report.
   e. the parent has been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities.*
   f. the date of the IEP team meeting and signatures of the parent and other IEP team members have been documented.

Guidelines for Exit from Speech/Language Services

The following guidelines should be followed whenever considering exiting a student from special education services for a speech and/or language impairment.

Guideline 1 The criteria for exit from services for speech and language impairments should be discussed with IEP team members at the beginning of intervention.

Guideline 2 The decision to dismiss is an hypothesis and should be assessed periodically.

Guideline 3 The decision to dismiss is based upon IEP team input (i.e., parent, teacher, etc.) initiated by the SLT or any other team member.

Guideline 4 If progress is not observed over time, changes must be made in the interventions/accommodations. If continued lack of progress is shown, specific goals and intervention approaches must be re-examined. If additional progress is not observed, exit from special education may be warranted.

Guideline 5 If gains are general and are not related to intervention.

Guideline 6 If it can be determined that new skills would not greatly improve education-based speech and language skills of students with severely impaired communication or cognitive systems, and no specific special education goals remain.

Guideline 7 The student's current academic level, behavioral characteristics and impact on educational performance should be considered.

EXITING (DISMISSAL) FACTORS

	RATIONALE
Current Level	___Goals and objectives have been met. ___Maximum improvement and/or compensatory skills have been achieved. ___Communication skills are commensurate with developmental expectations. ___Successful use of augmentative or assistive communication device.
Behavioral Characteristics	___Limited carryover due to lack of physical, mental or emotional ability to self-monitor or generalize to other environments. ___Poor attendance. ___Lack of motivation. ___Other disabilities or interfering behaviors inhibit progress. ___Conflict arises in goals set by public and private SLTs/teams. ___Limited potential for change.
Educational Impact	___Communication skills no longer adversely affect the student's education performance as seen by: ❑ Student ❑ teacher ❑ parent ❑ SLT ___Communication skills no longer cause frustration or other social, personal, emotional difficulties.

NOTE: ***When considering exiting a student from special education, a reevaluation is necessary if the student will no longer be receiving special education services in speech or language. The reevaluation review process should be followed prior to consideration of a comprehensive assessment. The IEP team may determine sufficient information is documented and a comprehensive reevaluation is not required. Parents must be part of the decision process and must give consent when a formal, Comprehensive Assessment is requested.***

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Assessing Semantic Skills Through Everyday Themes (ASSET), 1988	3:0 to 9:11 Years	30-40 min.	Assesses semantic and vocabulary abilities.	LinguiSystems	Supplemental
Assessment of Children's Language Comprehension (ACLC), 1983	3:0-6:0 Years	10-15 min.	Detects receptive syntactic language difficulties in young children and indicates guidelines for intervention of receptive syntactic disorders.	Riverside Publishing Co., The Speech Bin	Supplemental
Assessment of Language-Related Functional Activities (ALFA), 1999	16:0 Years to Adult	30-90 min.	Assesses functional language related activities in modalities of auditory comprehension, verbal expression, reading and writing.	Pro-Ed, Psych Corporation	Supplemental
Autism Screening Instrument for Educational Planning- 2nd Edition (ASIEP-2), 1993	1:6Years to Adult	Varies	Assesses overall abilities in spontaneous verbal behavior, social interaction, educational level, and learning characteristics.	Pro-Ed Imaginart The Speech Bin	Supplemental
Bankson Language Test- 2nd Edition (BLT-2), 1990	3:0 to 6:11 Years	30 min.	Measures children's psycholinguistic skills.	Pro-Ed, Riverside Publ. Co, Slosson Ed. Publ., The Speech Bin, Super Duper Publications	Supplemental
Boehm Test of Basic Concepts-Preschool Version (Boehm- Preschool), 1986	3:0 to 5:11 Years	10-15 min.	Measures understanding of 26 basic relational concepts.	The Psychological Corp.	Supplemental
Boehm Test of Basic Concepts-Revised (Boehm-R), 1986	K to 2nd grade	30 min.	Measures a child's mastery of 50 basic concepts.	The Psychological Corp.	Supplemental
Bracken Basic Concept Scale-Revised (BBCS-R), 1998	2:6 to 8:0 Years	30 min.	Assesses basic concept acquisition and receptive language skills.	The Psychological Corp.	Supplemental
Carrow Auditory-Visual Abilities Test (CAVAT), 1981	4:0 to 10:0 Years	90 min.	Identifies children with language-learning disabilities.	Pro-Ed, Riverside Publ. Co., The Speech Bin	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Carrow Elicited Language Inventory (CELI), 1974	3:0 to 7:11 Years	25 min.	Tests imitation of grammatical structures to determine specific language deficit.	Pro-Ed, Riverside Publ. Co., The Speech Bin, Super Duper Publications	Supplemental
Children's Auditory Verbal Learning Test- Revised (CAVLT-2), 1993	6:6 to 17:11 Years	Varies	Assesses immediate auditory memory span, learning level, delayed recall, and recognition accuracy.	The Speech Bin	Supplemental
Classroom Communication Skills Inventory: A Listening and Speaking Checklist, 1993	Kindergarten to 12th grade	10-15 min.	Evaluates receptive and expressive communication in the classroom. Assesses functional communication skills and behaviors that affect academic performance.	The Psychological Corporation	Supplemental
**Clinical Evaluation of Language Fundamentals- Preschool (CELF-Preschool), 1992	3:0 to 6:11 Years	15 to 20 min.	Downward extension of CELF-R; measures receptive and expressive language skills.	The Psychological Corporation	Comprehensive
**Clinical Evaluation of Language Fundamentals-Third Edition (CELF-3), 1995	6:0 to 21:0 Years	30 -45 min.	Measures receptive and expressive skills in morphology, syntax, semantics, and memory.	The Psychological Corporation	Comprehensive
Communication Abilities Diagnostic Test (CADeT), 1990	3:0 to 9:0 Years	40-50 min.	Rates language responses in areas of semantics, syntax, and pragmatics.	Riverside Publishing Co., The Speech Bin	Supplemental
Comprehensive Assessment of Spoken Language (CASL). Elizabeth Carrow-Woolfolk. (1999)	3:0 to 21:11	For Core Batteries: 3 to 5 years approximately 30 min. 5 years to 21 years approximately 45 min.	Measures the processes of comprehension, expression, and retrieval in four language categories: Lexical/Semantic, Syntactic, Supralinguistic and Pragmatic.	American Guidance Services, Inc.	Comprehensive or Supplemental (depending on the child's age)

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Comprehensive Receptive and Expressive Vocabulary Test (CREVTS), 1994	4:0 to 17:11 Years	20-30 min.	Identifies students who are significantly below peers in oral vocabulary proficiency. Measures discrepancies between receptive and expressive vocabulary.	Pro-Ed, Academic Communication Assoc., Riverside Publ., Slosson Ed. Publ., The Speech Bin, Super Duper Publ.	Supplemental
Comprehensive Test of Phonological Processing (CTOPP), 1999	5:0 to 24:11 Years	45 min.	Profiles functional communication proficiency.	Communi-Cog Publications	Supplemental
Evaluating Communicative Competence, 1994	10:0 Years-Adult	15 to 20 min.	Downward extension of CELF-R; measures receptive and expressive language skills.	The Psychological Corporation	Comprehensive
The Expressive Language Test, 1998	5:0 to 11:11 Years	40-45 min.	Assesses expressive language functioning.	LinguiSystems	Supplemental
Expressive One-Word Picture Vocabulary Test- 2000 Edition (EOWPVT-2000)	2:0 to 18:11 Years	15-20 min	Provides an index of student's expressive vocabulary.	Pro-Ed, Super Duper Publ., The Speech Bin, Slosson Ed. Publ., Acad. Communication Assoc.	Supplemental
Expressive Vocabulary Test, 1997	2:6 Years to Adult	15 min.	Measures expressive vocabulary and word retrieval.	American Guidance Service	Supplemental
Fullerton Language Test for Adolescents-2 (FLTA-2), 1986	11:0 to Adult	60 min.	Measures receptive and expressive vocabulary; helps determine deficiencies in linguistic processing.	Pro-Ed, Imaginart, Riverside Pub. Co., The Speech Bin	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Functional Communication Profile, 1995	3:0 Years to Adult	Time varies	Evaluates sensory/motor, receptive language, pragmatic/social, voice, fluency, attentiveness, expressive language, speech, oral and non-oral communication skills in individuals with Developmental Delays, including Autism, Down Syndrome, progressive neurological disorders, cerebral palsy, Traumatic Brain Injury, and childhood aphasia.	LinguiSystems	Supplemental
Fluharty Preschool Speech and Language Screening Test, Second Edition (FPSLST-2), 2000	2:0-6:0 Years	5-10 min	Measures vocabulary identification, artic., syntax, and auditory memory. Helps identify children for further diagnostic evaluation.	Pro-Ed, Riverside Publ Co., The Speech Bin, Super Duper Publ	Screener
Guide to Narrative Language: Procedures for Assessment 1997.	Elementary and Middle School Ages	Varies	Procedures for analyzing children's narratives and "school" language.	Thinking Publications	Supplemental
Goldman-Fristoe-Woodcock Test of Auditory Discrimination, 1970	3:6 to Adult	20-30 min.	Tests ability to discriminate speech sounds in quiet and noise.	AGS, Slosson Ed. Pub., The Speech Bin, Super Duper Pub.	Supplemental
The HELP Test, 1996	6:0 to 11:11 Years	25-35 min.	Assesses general expressive language functioning for tasks related to classroom performance.	LinguiSystems	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Illinois Test of Psycholinguistic Abilities-Third Edition (ITPA-3), 2001	5:0 to 12:11 Years	45 to 60 min.	Identifies children with general linguistic delays in the development of spoken and written language.	Pro-Ed, The Psychological Corp.	Supplemental
Joliet 3 Minute Speech and Language Screen- Preschool	2:5 to 4:5 Years	3 min.	Identifies children needing further testing in phonology, grammar, and semantics.	The Psychological Corp. The Speech Bin	Supplemental
Kaufman Survey of Early Academic and Language Skills (K-SEALS), 1993	3:0 to 6:11 Years	15 to 25 min.	Measures expressive and receptive language, articulation, and pre-academic skills.	AGS, PAR, The Speech Bin	Screener
Kindergarten Language Screening Test- 2nd Edition, 1998	3:6 to 6:11 Years	5 min.	Identifies children needing further language testing to determine deficits that might impede academic achievement.	Pro-Ed. Academic Communication Associates, Imaginart	Screener
Language Processing Test-Revised (LPT-R), 1995	5:0 to 11:11 Years	35 min.	Assesses ability to attach meaning to language and effectively formulate a response.	LinguiSystems	Supplemental
Language Proficiency Test, 1981	15:0 Years to Adult	60-90 min.	Assesses a wide range of English language ability.	Academic Therapy Publications	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Lindamood Auditory Conceptualization Test (LAC), 1971	Preschool to Adult	10 min.	Assesses auditory perception and conceptualization of speech sounds. Helps identify students at risk in reading and spelling.	Pro-Ed, Riverside Publ. Co., The Speech Bin	Supplemental
The Listening Test, 1992	6:0 to 11:11 Years	35 min.	Assesses listening behaviors that reflect classroom listening situations. Includes a Classroom Listening Scale for Classroom Teacher to rate listening performance.	LinguiSystems	Supplemental
**Oral and Written Language Scales (OWLS):Listening Comprehension and Oral Expression Scales, 1995	3:0-21:0 Years	40 min.	Samples semantic, syntactic, pragmatic, and higher order thinking language tasks.	AGS	Comprehensive
Peabody Picture Vocabulary Test, 3rd Edition (PPVT-3), 1997	2:6 Years to Adult	12 min.	Measures receptive single-word vocabulary.	AGS	Supplemental
The Phonological Awareness Profile, 1995	5:0-8:0 Years	10-20 min.	Evaluates phonological processing and knowledge of phoneme-grapheme correspondence by looking at tasks of rhyming, segmentation, isolation, deletion, substitution, blending, and decoding.	LinguiSystems	Supplemental
The Phonological Awareness Test, 1997	5:0 to 9:11 Years	40 min.	Assesses phonological processing skills and phoneme-grapheme correspondence.	LinguiSystems	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Pragmatic Communication Skills Protocol, 1989	Preschool-Elementary	20 min.	Records observations of children's pragmatic communication behaviors in the classroom.	Academic Communication Associates	Supplemental
Preschool Language Assessment Instrument (PLAI), 1978	3:0-6:0 & older children with language difficulties	20 min.	Assesses a variety of language skills related to academic success.	The Psychological Corp.	Supplemental
**Preschool Language Scale-3 (PLS-3), 1992 and Preschool Language Scale-4 (PLS-4), 2002	Birth to 6:11 Years	20-30 min.	Evaluates sequential developmental milestones in language. Includes articulation screener, language sample checklist, and parent questionnaire.	The Psychological Corporation	Comprehensive
Program for Acquisition of Language in the Severely Impaired (PALS), 1982	3:0 Years - Adult	Varies	Develops a functional communication system.	The Psychological Corp.	Supplemental
Receptive-Expressive Emergent Language Test- 2nd Edition (REEL-2), 1991	Birth-3:0 Years	Varies	Multidimensional analysis of emergent language carried out via interview of significant other.	Pro-Ed, The Psychological Corp, The Speech Bin, Super Duper Publications, Slosson Education Publications	Supplemental
Receptive One-Word Picture Vocabulary Test-2000 Edition (ROWPVT), 2000	2:0 to 18:11 Years	20 min.	Assesses receptive vocabulary.	Academic Communication Assoc., Pro-Ed, Imaginart, Slosson Ed. Publishers., The Speech Bin, Super Duper Publishers	Supplemental
Receptive One-Word Picture Vocabulary Test-Upper Extension (ROWVT-UE), 1987	12:0 to 15:11 Years	15 min.	Assesses receptive vocabulary of adolescents.	Academic Communication Assoc., Pro-Ed, Imaginart, Slosson Ed. Publishers., The Speech Bin, Super Duper Publishers	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Rice/Wexler Test of Early Grammatical Impairment, 2001	3:0 to 8:0 Years	45 to 60 min	Assesses morphemes and syntactic structures.	The Psychological Corporation	Supplemental
Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)	Adolescent-Adult	30 min. to 2 hours	Assesses cognitive and linguistic abilities of patients with head injuries.	Super Duper	Supplemental
SCAN: A Screening Test for Auditory Processing Disorders, 1986	3:0-11:0 Years	20 min.	Screens auditory processing disorders in children with poor listening skills.	The Psychological Corp.	Supplemental
SCAN-A: A Screening Test for Auditory Processing Disorders in Adolescents and Adults, 1993	12:0 Years to Adult	20 min.	Determines the presence of auditory processing disorders.	The Psychological Corp.	Supplemental
The Strong Narrative Assessment Procedure, 1998	Target population—elementary and middle school field test data for 7:0 to 10:0 10-0 Year	Varies	4 story books and tapes and instructions for administering and interpreting story retellings.	Thinking Publications, 424 Galloway St., Eau Claire, WI 54703 materials	Supplemental
Structured Photographic Expressive Language Test-II (SPELT-II), 1995	4:0 to 9:5 Years	15 to 20 min.	Measures generation of specific morphological and syntactic structures in appropriate contexts.	Janelle Publications	Supplemental
Structured Photographic Expressive Language Test- Preschool (SPELT-P), 1983	3:0 to 5:11 Years	10-15 min.	Assesses child's ability to generate early developing specific morphological and syntactic forms.	Janelle Publications Super Duper Publications	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Test for Auditory Comprehension of Language-Third Edition(TACL-3)	3:0 to 11:0 Years	15 to 25 minutes	Assesses receptive grammar and syntax. Measures receptive spoken grammar and syntax through auditory comprehension tasks.	The Psychological Corporation, Pro-Ed, AGS, Academic Communication Association, Riverside Publishing, The Speech Bin	Supplemental
Test for Examining Expressive Morphology (TEEM), 1983	3:0-8:0 Years	7 min.	Evaluates development of expressive morphology.	The Psychological Corporation	Supplemental
Testing and Remediating Auditory Processing (TRAP), 1997	4:0-7:0 Years	5-10 min.	Assesses and recommends intervention for auditory processing disorders.	The Speech Bin	Supplemental
**Test of Adolescent and Adult Language- 3rd Edition (TOAL-3), 1994	12-0 to Adult	60 –180 min.	Ten composites yield scores in a variety of language skills.	Pro-Ed, Academic Communication Assoc., Riverside Pub. Co, The Speech Bin	Comprehensive
Test of Auditory-Perceptual Skills-Revised (TAPS-R), 1996	4:0-12:0 Years	5-10 min.	Used with children who have diagnoses of auditory perceptual difficulties, imperceptions of auditory modality, language problems, and/or learning problems.	Psychological and Ed. Publishers, Academic Communication Assoc., Pro-Ed, Slosson Education Publishers, The Speech Bin	Supplemental
Test of Auditory-Perceptual Skills: Upper Level (TAPS: UL), 1994	12:0-18:0 Years	15 to 20 min.	For children who have diagnoses of auditory perceptual difficulties, imperceptions of auditory modality, language problems, and/or learning problems.	Psychological and Ed. Publishers, Academic Communication Assoc., Pro-Ed, Slosson Education Publishers, The Speech Bin	Supplemental
Test of Auditory Reasoning and Processing Skills (TARPS), 1993	5:0-14:0 Years	10-15 min.	Assesses ability to think, understand, reason, and make sense of what a child hears.	Slosson Ed. Publ., Academic Communication Assoc., Psych. And Educ. Publ., The Speech Bin	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Test of Children's Language (TOCL), 1996	5:0 to 8:11 Years	30 to 40 min.	Uses storybook format to assess semantics and syntax, phonological awareness, word recognition, listening, comprehension, letter and print knowledge, reading comprehension, and writing.	Pro-Ed, The Speech Bin	Supplemental
Test of Early Language Development-3rd Edition (TELD-3), 1998	2:0 to 7:11 Years	15 –45 min.	Measures spoken language abilities in semantics and syntax.	Pro-Ed, AGS, The Speech Bin, Slosson Ed. Publishers, Imaginart, Riverside Publishing Co.	Supplemental
Test of Language Competence-Expanded Edition (TLC-Expanded), 1989	5:0 to 18:11 Years	45-60 min.	Assesses emerging metalinguistic strategy acquisition in semantics, syntax, and pragmatics.	The Psychological Corporation	Supplemental
**Test of Language Development-Intermediate, 3rd Edition (TOLD I:3), 1997	8:0 to 12:11 Years	30-60 min.	Six subtests measure components of spoken language.		Comprehensive
**Test of Language Development-Primary, 3rd Edition (TOLD-P: 3), 1997	4:0 to 8:11 Years	60 min.	Nine subtests used to measure different areas of language.	Pro-Ed, Super Duper Publ., The Speech Bin, AGS, Imaginart, Slosson Ed. Publ., The Psychological Corp	Comprehensive
Test of Memory and Learning (TOMAL)	5:0-19:0 Years	45 min.	Assesses general and specific aspects of memory. Most helpful in evaluating children or adolescents referred for LD, TBI, neurological diseases, Emotional Disturbance, and ADHD.	Publishers	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Test of Phonological Awareness, 1994	Kindergarten-2nd Grade	20 min.	Measures children's awareness of individual sounds within words.	Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications	Supplemental
Test of Pragmatic Language (TOPL), 1992	5:0 to 13:0 Years	30 to 45 min.	Evaluates social language skills.	The Psychological Corp.	Supplemental
Test of Phonological Awareness, 1994	Kindergarten-2nd Grade	20 min.	Measures children's awareness of individual sounds within words.	Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications	Supplemental
Test of Problem Solving-Adolescent Test (TOPS-A), 1991	12:0 to 17:11 Years	40 min.	Assesses how adolescents use language to think, reason, and solve problems.	LinguiSystems	Supplemental
Test of Problem Solving-Elementary Test, Revised (TOPS-R), 1994	6:0 to 11:11	35 min.	Assesses a student's language-based thinking abilities and strategies using logic and experience.	LinguiSystems	Supplemental
Test of Phonological Awareness, 1994	Kindergarten-2nd Grade	20 min.	Measures children's awareness of individual sounds within words.	Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications	Supplemental
Test of Pragmatic Language (TOPL), 1992	Kindergarten through Middle School	45 min.	Assesses the ability to effectively use pragmatic language in six areas.	Pro- Ed, Academic Communication Assoc., Imaginart, The Speech Bin, Super Duper Publications	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Test of Word Finding-Second Edition (TWF-2), 2000	4:0 to 12:11 Years	20-30 min.	Assesses word-finding abilities in children.	Pro-Ed, Riverside Pubs. Co., The Speech Bin	Supplemental
Test of Word Finding in Discourse (TWFD), 1991	6:6 to 12:11 Years	15 –20 min.	Assesses word finding in discourse.	Pro-Ed, Riverside Pubs. Co., The Speech Bin	Supplemental
Test of Word Knowledge (TOWK), 1992	5:0 to 17:11 Years	Varies	Measures deficits in semantic development and lexical knowledge in school-age children and adolescents.	The Psychological Corporation	Supplemental
Token Test for Children (TTFC), 1978	3:0 to 12:6 Years	10 min.	Identifies subtle receptive language deficits and indicates child's ability to follow spoken directions of increasing length and complexity.	Pro-Ed, Riverside Publishing Co., The Speech Bin	Supplemental
**Utah Test of Language Development-3rd Edition (UTLD-3), 1989	3:0 to 9:11 Years	30-45 min	Measures expressive and receptive language skills in children.	Pro-Ed, Super Duper Pub., Riverside Publishing Co., Slosson Ed. Pub., The Speech Bin	Comprehensive
Wepman's Auditory Discrimination Test-2nd Edition, 1986	4:0 to 8:0 Years	5 min.	Assesses a child's ability to recognize subtle differences between phonemes used in English speech.	Western Psychological Services	Supplemental
Wiig Criterion-Referenced Inventory of Language (Wiig CRIL), 1990	4:0 to13:0 Years	Varies	Determines placement and goals for intervention programs (IEP's) for children with language disorders.	The Psychological Corporation	Supplemental

AREA: LANGUAGE *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
The Wilson Syntax Screening Test, 2000	PreK to Kindergarten	2 to 4 min.	Screener uses 20 grammatical markers to detect morphological deficits.	The Psychological Corp.	Screener
Woodcock Language Proficiency Battery- Revised (WLPB-R), 1991	2:0 Years to Adult	20-60 min.	Measures proficiency in areas of oral language, reading, and writing.	Riverside Publishing Co.	Supplemental
Word Finding Referral Checklist (WFRC), 1992	All grades	Varies	Focuses on three areas of language processing to identify students with word finding difficulties.	Pro-Ed, Riverside Publishing Co., The Speech Bin	Supplemental
The Word Test-Adolescent, 1989	12:0 to 17:11 Years	25 min.	Tests expressive vocabulary and semantics in secondary students.	LinguiSystems	Supplemental
The Word Test- Elementary, 1990	7:0 to 11:11 Years	20-30 min.	Tests expressive vocabulary and semantics through assessment of the ability to recognize and express semantic attributes of the student's lexicon.	LinguiSystems	Supplemental

AREA: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) ASSESSMENT TOOLS

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Analyzing the Communication Environment (ACE) (1993). Rowland and Schweigert	Non-Specific	Varies	An inventory of ways to encourage communication in functional activities for students with severe communication impairments.	Communication Skill Builders ISBN: 0-88450-011-x	Programmatic
EvaluWare (1999-2000)	Non-specific	Varies	CD for Macintosh and PC computers to assess computer access methods and AAC setups; explores looking, listening, motor and related skills.	Assistive Technology, Inc., 7 Wells Ave., Newton, MA 02459	Programmatic
Every Move Counts. Jane Korsten, et al. (1993)	7:0 to 11:11 Years	20-30 min.	Sensory-based communication assessment and intervention techniques for students with severe disabilities.	Therapy Skill Builders ISBN: 0-76168543x	Programmatic
Interaction Checklist for Augmentative Communication (INCH)	All Ages	Varies	Initial and follow-up measure of communicative effectiveness with either an electronic or manual device. Manual includes interventions for all levels of severity and goals and objectives.	Imaginart, 307 Arizona St., Bisbee, AZ, 85603	Programmatic
Partners in Augmentative Communication Training (PACT) - (1988)	Non-specific	Varies	A resource guide for interaction facilitation training for child AAC users and their communication partners.	Delva Culp and Margaret Carlisle. ISBN: 0-88450-309-7 Therapy Skills Builders, 555 Academic Court, San Antonio, TX 78204-2498	Programmatic
Preschool AAC Checklist. Judy Henderson	3:0 to kindergarten or first grade when formal academics begin	Varies	Tracking system to monitor a student's development in AAC skills and technology.	Mayer-Johnson, P.O. Box 1579, Solana Beach, CA 92075 ISBN: 1-884135-00-5	Programmatic

AREA: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) ASSESSMENT TOOLS

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Stages Book (1999)	Non-specific	Varies	Identifies and describes 7 skill levels from cause/effect to functional learning and written expression. Stages 1-7 Benchmark Activities are computer-based activities for assessment, reports, developmental levels and recommended software.	Assistive Technology, Inc., 7 Wells Ave., Newton, MA 02459	Programmatic

SPEECH ASSESSMENT INSTRUMENTS

AREA: SOUND PRODUCTION *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
The Apraxia Profile, 1997	2-12 Years	Varies	Helps identify the presence of oral apraxia, diagnose developmental verbal apraxia, and determine oral-motor movement and sequence disorders.	The Speech Bin	Screener
**Arizona Articulation Proficiency Scale- 2nd Edition (AAPS-2), 1986	1:6 to 13:11 Years	10 min.	Identifies misarticulations and total articulatory proficiency.	Western Psychological Services	Diagnostic
Assessment Link Between Phonology and Articulation Phonology Test-Revised (ALPHA-R), 1995	3+ Years	Varies	Delayed sentence imitation test that assesses children's use of 15 phonological processes in 50 target words.	ALPHA Speech & Language Resources, The Speech Bin	Supplemental
**Assessment of Phonological Processes- Revised (APP-R), 1986	3:0 to 12:0 Years	15-20 min.	Categorizes virtually all speech errors.	Pro-Ed, The Speech Bin, Super Duper Pub., Slosson Ed. Pub., Thinking Pub., The Psych. Corp.	Diagnostic
Bankston-Bernthal Test of Phonology, (BBTOP), 1990	3:0 to 9:11 Years	15-20 min.	Assesses phonemes in the final positions.	Riverside Publishing Co., Imaginart, The Speech Bin	Supplemental
Children's Articulation Test, 1989	3:0 to 11:0 Years	Varies	Profiles specific articulation errors.	The Speech Bin	Supplemental
Computerized Articulation and Phonological Evaluation (CAPES) 2001	2:0 Years to Adult	5-10 min. for Phonemic Profile, Varied time for Individual Phonological Profile & Connected Speech Sample	Analyzes articulation and phonology on a personal computer.	The Psychological Corporation	Diagnostic
**Fisher-Logemann Test of Articulation Competence, 1971	3:0 to 80+ Years	20-45 min.	Uses distinctive feature analysis of articulatory errors.	Pro-Ed, Riverside Publishing Co., Speech Bin	Diagnostic

AREA: SOUND PRODUCTION *(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
**Goldman-Fristoe Test of Articulation-2 (GFTA-2), 2000	2:0-21:0 Years	10-15 min.	Assesses sound production of word conversational level.	Super Duper Publishing Co.	Diagnostic
**Kaufman Speech Praxis Test for Children, 1995	2:0 to 5:11 Years	5-15 min.	Assists in the diagnosis and intervention of developmental apraxia of speech in preschool children.	Wayne State University Press, The Speech Bin	Diagnostic
Khan- Lewis Phonological Analysis (KLPA), 1986	2:0 to 5:11 Years	10-15 min.	Assesses 15 phonological processes in speech of preschool children. Also helpful with older children who have articulation/ phonological disorders.	AGS, Slosson Ed. Pub., The Speech Bin, Super Duper Pub.	Supplemental
**Photo Articulation Test-3rd Edition (PAT-3), 1997	3:0 to 8:11 Years	20 min.	Uses color photographs of common objects to assess articulation errors rapidly and accurately.	Pro-Ed, The Speech Bin, Super Duper Co., Slosson Ed. Pub.	Diagnostic
Quick Screen of Phonology (QSP), 1990	3:0-7:0 Years	5 min.	Screening test of articulation. Systematically samples individual consonants and phonological processes.	Riverside Pub. Co., The Speech Bin	Screener
Rules Phonological Evaluation (RPE), 1990	Birth to 8:11 Years	Varies	Evaluates children with unintelligible or difficult to understand speech.	The Speech Bin	Supplemental
Screening Test for Developmental Apraxia of Speech-Second Edition (STDAS-2), 2000	4:0-12:0 Years	15 min.	Identifies children who have both atypical speech-language problems and associated oral performance.	Pro-Ed, The Speech Bin	Screener
**Secord Contextual Articulation Test (S-CAT), 1997	Pre-Kindergarten To Adult	Time varies	Assesses articulation, competence in storytelling and contextual probes.	Super Duper	Diagnostic
**Structured Photographic Articulation Test (SPAT-D), 1983	3:0-9:0 years	10-15 min.	Assesses 59 consonant singletons and 21 consonant blends and identifies phonological processes.	Janelle Publications Super Duper	Diagnostic

AREA: SOUND PRODUCTION*(** Recommended for Determination of Significant Deficiency)*

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
**Templin-Darley Test of Articulation-2nd Edition, 1969	3:0-8:0 Years	15 min.	Diagnoses articulation errors in nine areas, as well as general articulation proficiency.	University of Iowa Press The Speech Bin	Diagnostic
Test of Articulation in Context (TAC), 1998	Preschool—Elementary	20-30 min.	Based on the premise that articulation skills are most accurately represented in spontaneous speech; uses pictures to elicit all common consonants, consonant clusters, and vowels.	Imaginart	Supplemental
**Weiss Comprehensive Articulation Test (WCAT), 1980	Preschool—Adult	20 min.	Provides thorough diagnosis of articulation disorders.	Pro-Ed, Riverside Publishing., Super Duper Publishing	Diagnostic

AREA: FLUENCY

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Assessment of Fluency in School-Age Children (AFSC), 1983	5:0-18:0 Years	Varies	Includes parent/teacher/child interview forms and sequenced tasks to determine speech, language and physiological functioning.	Pro-Ed, The Speech Bin	Diagnostic
Assessment of Stuttering Behaviors, 1990	4:0-10:0 Years	Varies	Determines if a child is an appropriate candidate for intervention. Documents changes in stuttering behaviors.	Academic Communication Associates	Diagnostic
Cooper Assessment for Stuttering Syndromes- Adolescent and Adult (CASS-A), 1996	Adolescents and Adults	60 min.	Identifies and quantifies affective, behavioral, and cognitive components of stuttering syndromes in adolescents and adults.	The Psychological Corporation	Diagnostic
Cooper Assessment for Stuttering Syndromes- Children (CASS-C), 1996	3:0-13:0 Years	60 min.	Identifies and quantifies affective, behavioral, and cognitive components of stuttering syndromes in children.	The Psychological Corporation	Diagnostic
Fluency Development System for Young Children (TFDS), 1992	2:0-9:0 Years	Varies	Assessment and intervention program for young children with fluency disorders.	Pro-Ed, Riverside Pub. Co., United Educational Services	Supplemental

AREA: FLUENCY

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Stocker Probe for Fluency and Language-3rd Edition, 1995	Fluency: Preschool Children, Language: Adults	15-30 min.	Both forms use probes that ask questions about interesting objects, eliciting responses at 5 levels of increasing linguistic demand. *Fluency* differentiates children's confirmed stuttering from normal dysfluency and yields a rating of stuttering severity.	The Speech Bin	Diagnostic
Stuttering Prediction Instrument for Young Children (SPI), 1981	3:0 to 8:11 Years	Varies	Assesses a child's history, reactions, part-word repetitions, prolongations and frequency of stuttered words to assist in measuring severity and predicting chronicity.	Pro-Ed, The Speech Bin	Diagnostic
Stuttering Severity Instrument for Children and Adults- 3rd Edition (SSI-3), 1994	9:0 to Adult	Varies	Measures frequency of repetition and prolongations, duration of blocks and physical concomitants.	Pro-Ed, Imaginart Slosson Ed. Pub. The Speech Bin Super Duper Pub.	Diagnostic

AREA: ORAL-MOTOR

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Dworkin-Culatta Oral Mechanism Exam and Treatment System (D-COME-T), 1996	Any age	30-40 min.	Assesses facial and oral structures and functions.	Edgewood Press, The Speech Bin	Supplemental
Oral Motor Assessment and Treatment, *publishing date not available	4:0-11:0 Years	Varies	Assesses the severity of verbal oral motor problems.	The Speech Bin	Supplemental
Oral Speech Mechanism Screening Examination-Third Edition (OSMSE-3), 2000	5:0 Years to Adult	5-10 min.	Quick, reliable exam of lips, tongue, jaw, teeth, hard and soft palate, pharynx, velopharyngeal function, breathing, and diadochokinetic rates.	Pro-Ed, Psychological and Educational Publishing, The Speech Bin	Supplemental
Test of Oral Structures and Functions (TOSF), 1986	7:0 Years to Adult	20 min.	Assesses oral structures and nonverbal and verbal oral functioning.	Slosson Educational Publishing, The Speech Bin	Supplemental

AREA: VOICE

Test & Publishing Date	Age Range	Administration Time	Description	Publishers	Purpose
Boone Voice Program for Children- 2nd Edition, 1993	Kindergarten- Through 8th Grade	Varies	Provides cognitive approach to voice intervention and gives useful guidelines and materials for diagnosis and remediation of voice disorders in children.	Pro-Ed Imaginart, The Speech Bin, Academic Communication Assoc.	Diagnostic
Computer-Assisted Voice Evaluation, 1991	Any age	Varies	Computer-guided outline for voice evaluation. Provides a printed report during the evaluation session.	Janelle Publications	Diagnostic
Systematic Assessment of Voice (SAV), 1990	5:0 Years- Adult	Varies	Comprehensive inventory of tasks, strategies, and procedures for assessing functional and organic voice problems in children, adolescents, and adults.	Academic Communication Associates	Diagnostic
Voice Assessment Protocol for Children and Adults (VAP), 1987	Children and Adult	Varies	Systematic evaluation of vocal pitch, loudness, quality, breath features, and speech rate/rhythm.	Pro-Ed The Speech Bin	Diagnostic
The Voice Index, 1996	5:0 Years - Adult	20 min.	Evaluates competence of 10 vocal behaviors. Normative data used to obtain a voice profile of these behaviors can be used to evaluate student progress in intervention.	LinguiSystems	Diagnostic

FREQUENTLY ASKED QUESTIONS

(The following questions were submitted at the training workshops for the revised eligibility standards in Speech and Language in June 2002 and have been arranged according to basic subject matter.)

ELIGIBILITY STANDARDS QUESTIONS

1. *How are speech and language disabilities to be listed on the Eligibility Report?*

Language Impairment
Speech Impairment: Articulation
Speech Impairment: Fluency
Speech Impairment: Voice

2. *How much of a delay will occur if a speech-language evaluation is completed without a hearing or vision screening? Will the classroom teacher conduct the hearing screening? Can we now screen for hearing without parent permission?*

The vision and hearing screening should be conducted before the speech-language evaluation is begun in order to rule-out either visual or hearing acuity deficits as being the primary reason for the student's classroom difficulties. It is also important to assure deficient scores obtained during the assessment and the evaluation results are both valid and reliable. School systems are required to screen vision and hearing skills for general education students. If current screenings are not available, they should be obtained while interventions prior to the referral are implemented. This does not require an individual permission since all students are screened for vision and hearing acuity[2]. This does not exclude the SLT from conducting the hearing screening as necessary.

3. *Which speech sound production developmental chart should I use?*

The charts provided in the Resource Packet for the Assessment of Speech Sound Production reflect current normative data for speech sound production development. The charts do have some variability. Therefore, school systems should determine the most appropriate chart for the system's student population and be consistent in its use.

4. *Can the IEP team determine that a language deficit exists even when there are no scores to support that diagnosis?*

It is the SLT's responsibility to determine if the student meets the eligibility standards for a Language Impairment. The eligibility standards require a formal assessment (comprehensive, standardized tests) and an informal assessment (functional language description). These two areas are given equal weight. Therefore, it is possible for a student to have a Language Impairment based on the informal assessment results – even when the standard scores are not significantly deficient. It is the IEP team's responsibility to determine if the student is eligible for special education services in order to benefit from his/her educational program. The IEP team considers the student's strengths and weaknesses, writes a present level of performance for each deficit area and drafts goals and objectives based on this information. Type and quantity of service and service providers are determined after the IEP team has agreed on the goals and objectives.

5. *If the term "criteria" is used for addressing standards for speech/language and "eligibility" is used for services (met criteria and needs cannot be met in general education) a lot of confusion would be avoided.*

The change of language for the eligibility standards reflects IDEA'97 and *Tennessee's Rules, Regulations and Minimum Standards for Special Education*. The two-pronged eligibility determination process for eligibility in Special Education is required through IDEA.

[1] TN Rules and Regulations .0520-1-9.14 (5)(c2) – (c) Parental consent is not required before: 1) Reviewing existing data as part of an evaluation or a reevaluation or, 2) Administering a test or other instrument that is administered to all children unless consent is required of parents of all children.

The eligibility standards must be met to determine whether the child can be identified as a child with a disability. The IEP team then determines whether the child is eligible for Special Education based on information gathered and documentation that the child's needs cannot be met in the general education classroom without Special Education services.

6. *If a child has a deficit in phonological awareness can s/he be identified as language-impaired?*

Yes, as long as they meet standards in an area of language such as auditory perception; however, if that is the only problem identified in a language assessment, it would be best practice to refer the child for a psychological evaluation to investigate the possibility of a Specific Learning Disability in phonological processing manifested in the area of reading.

7. *I am still confused about not using IQ to compare with the Total Language Score to determine eligibility.*

The revised eligibility standards for Language Impairment are based on current research models of language impairment and careful examination of eligibility in other states. These standards require eligibility for a language impairment NOT be determined on the basis of a predetermined discrepancy between language and cognitive measures. Appropriate cognitive assessment may be used…to support findings of the speech-language evaluation. It is imperative that the School Psychologist and the SLT collaborate to determine the most appropriate area of eligibility for a student. You are to consider the child's functioning level and determine if the communication difficulties can best be described as a part of the primary disability (e.g., Mental Retardation, Autism, Developmental Delay, etc.), or if there is a separate language disability. The SLT can no longer justify eligibility based on a comparison of the IQ score with the total language score.

8. *Are we able to use the IQ score as a basis for the standard deviation in order to meet the standard for a language impairment? If the language score is 70 and the student's IQ is 80, is the student language impaired?*

NO, the Speech-Language Eligibility Standards DO NOT compare the total language score with the student's intelligence score to determine a language impairment. YES, the student in the example may be Language Impaired since the language score is <78. The language score is to be compared with the mean for the test used. However, no student can be language impaired based solely on a standardized score. The eligibility standards require an informal assessment for determination of need in the classroom as well as a formal assessment.

9. *It is now required that there be 2 observations for a language evaluation – one by the classroom teacher and one by another professional. Would the other professional be me?*

The other professional may be the SLT but could also be the School Psychologist, the School Guidance Counselor, another classroom teacher (e.g., art, music, librarian or physical education, if appropriate) or the Resource Teacher, depending on what is documented on the Evaluation Plan.

10. *Do we finally get to consider attendance issues (or truancy) for a language referral?*

Attendance or truancy issues should be considered in order to rule out the IDEA requirement of insufficient instruction in reading and/or math, and to document that the identified language impairment is the primary reason for the student's inability to progress in the general education program.

11. *Why does the comprehensive measure for language evaluation need a receptive, expressive and total language score although this is not a requirement for auditory processing/ perception assessment and is not listed as any area of assessment under the Language Eligibility Standards?*

Auditory perceptual tests are not comprehensive tests – they are supplemental. You still need to administer a comprehensive language test. This comprehensive test may provide needed information in the area of receptive language, listening, etc. that can be used to document the area of concern.

12. *The SLT is asked to state if the student does or does not meet the eligibility standards on the Speech and Language Evaluation Report and the Rating Scales. I thought the IEP team made the decision, not just one person.*

The SLT documents on the report that the student does or does not meet the standards to be identified as a student with a Speech and/or Language Impairment. The IEP team makes the final determination of eligibility based on whether or not Special Education services are needed for the student to progress in the general education program. The *Eligibility Report* form documents this information.

13. *Prior State Guidelines for Speech and Language have allowed waiving the SST meeting. Is this an alternative with the new Eligibility Standards?*

The SST is not a requirement. It is a vehicle for providing the prereferral and early interventions. The intervention process should not be an avenue for postponing a viable referral.

14. *If a student is eligible for services and there is documentation of chronic absences from school, should that student be considered eligible for Special Education services?*

The school should provide documentation of a student's absences from school. Poor attendance should be addressed before a formal evaluation is even recommended. There is a distinction between being identified with a disability and being eligible for Special Education services. The student may have a disability and not receive services if that is the decision of the IEP team.

15. *Can a Special Education Teacher do interventions for a child with CAPD if s/he is identified as a child with a disability? The school requests special education help for interventions/ modifications. What do we do?*

The first course of action is for the General Education Teacher to implement modifications/accommodations for any student in his/her classroom, including a child who has auditory processing problems. This is an essential part of the early intervention process. Special Education services cannot be provided to a student unless that student meets the eligibility standards for a disability and the IEP team has determined that Special Education services are required for the student to benefit from the educational program. That is not to say that special education personnel cannot offer advice to the General Education Teacher.

16. *Why is CAPD even listed as an area for us to consider if we cannot certify? Why not just give a language battery to determine eligibility if that's the main idea to address this area? Why not just look at CAPD as a receptive language disorder?*

Central auditory processing disorder (CAPD) was addressed at the June 2002 Speech and Language Training Workshops and is an issue SLTs must consider in the field. In keeping with IDEA, CAPD is not a disability. Some professionals have delineated specific behaviors for CAPD, which are separate and distinct from a language disorder. The responsibility of SLTs in the public schools is to consider auditory perception as part of a comprehensive language evaluation.

17. *What do we do for vision/hearing screening for children who are unable to be conditioned to screen (too young or too low- functioning to understand)?*

Attempt the recommended procedures for hearing and vision screening and document the results. In cases where the child is unable to condition for screening, it is recommended to include notations of visual or auditory acuity when observing the child. If the observational vision/hearing screening is necessary, pay special attention to the manner in which the student reacts to either auditory or visual stimuli. Document your impressions of the acuity of the child's vision and hearing based on this observation (i.e., does the child turn to a sudden sound behind him/her or does the child hold picture books close to his/her face?).

18. *How do we obtain vision screening for home-based preschool children? Parents may lack financial resources and be unable to obtain screening.*

Preschool children can receive vision screening through the local Health Department in most cases. In some cases it may be necessary for the school systems (through social workers, nurses, etc.) to help provide transportation. The rationale behind conducting a vision screening for all referred students is to ensure that students are able to clearly see the visual prompts on standardized tests, adding to the reliability and validity of such tests. Minimally, visual acuity (near point and far point) is recommended and may be done at minimal expense.

19. *Is vision screening required for a speech evaluation even though we don't conduct the screening?*

Vision screening is required and is an area that should be addressed in the prereferral process. It should already be documented prior to a formal referral for assessment.

20. *Does vision screening need to be within the same school year or within the past three years?*

Best practices (based on developmental changes) indicate that vision screening should be conducted at least every 12 months for students at elementary and middle school levels and 18 months at the high school level. Vision screening is conducted through general education and results should be available in a child's cumulative record.

21. *Do we determine eligibility for a child in articulation based on simple errors such as a frontal lisp or w/r and f/ϴ substitutes if that is the <u>only</u> area of deficit?*

Remember that the S/L standards do not rely solely on standardized test scores. There must also be documentation supporting the adverse effects of speech sound production deficits on a child's educational performance. This includes social and emotional effects noted by the classroom teacher as well as academic factors related to the errors (such as spelling or reading). You must also look at the errors and compare them with normal sound development. The errors may be developmental and due to lack of maturity in which case a child would not meet eligibility standards.

22. *Explain "adversely effects classroom behavior". Is there a checklist or guidelines to help understand this? Can this include social ramifications in addition to academic?*

In ASHA's publication entitled, <u>IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3- 21</u>, adverse effects are discussed in detail as one major component of the assessment process. It is discussed that when determining adverse effects, there must be a clear understanding of the child's ability to function in the educational setting. Diagnostic information from parents and teachers, observations in classrooms or social settings, and analysis of student work may be more revealing and more important than the standardized test score. ASHA further delineates that a child with a standardized score that reveals a mild impairment may nonetheless have a significant educational disability to the extent that particular skill areas in the curriculum may be affected. Conversely, a child with a moderate to severe delay may not necessarily be disabled by the condition if modifications and accommodations in the classroom can be successfully implemented. The social effects of the speech and/or language impairment should definitely be considered.

There are several checklists for different areas of Speech and Language in each of the Resource Packets to facilitate the consideration of emotional and social affects of the impairment.

23. What would be the effective period of time between prereferral and the actual referral?
This consideration is made on a case by case basis. When specific modification strategies are provided for general education, usually a 6-week time period is set. However, if in the prereferral intervention process, the school determines that the suspected disability is readily apparent, the process should be expedited and a referral should be made.

24. The Articulation (Speech-Sound Production) Rating Scale allows you to identify a child as "mild" although earlier statements in the training suggest "moderate, severe, or profound". This is confusing…I thought you could not serve "mild" cases.
The earlier reference made is under Speech Sound Production and the areas of articulation and phonological processes are differentiated. The standards for these two areas of speech sound production <u>are different</u>. Articulation errors may only occur with one particular sound but phonological errors must affect more than one sound from a given sound class. When considering Articulation, you can serve "mild" cases if it is documented that the articulation errors are affecting a child's educational performance, whether academic, social, or emotional. The Eligibility Standards require severity in Phonological Processing to be moderate, severe or profound.

25. What period of time is allowed before services begin when an evaluation is completed through a non-school therapist (no prereferral completed)?
There should be no delay – if the appropriate information is available in the evaluation report, and all of the components are present, which includes demonstration of need for special education services.

26. Do I understand this correctly? Auditory processing is not considered to be a separate disability. However, the Eligibility Standards indicate the impairment may be in one or more areas: Receptive or Expressive Language and/or Auditory Processing.
The *Speech-Language Eligibility Standards* include auditory processing (auditory perception) as a recognized area under Language Impairment. Auditory perceptual areas such as memory, discrimination, following and interpreting directions, etc. should not be confused with Central Auditory Processing Disorders (CAPD) which involve disorders of the central auditory system. CAPD is <u>*not*</u> a recognized disability.

27. How significant is a total CELF-3 score of 86 if all other indicators suggest a language disorder?
The standardized score on a comprehensive test is only one component of a language evaluation. The information gathered by measures such as checklists, observations, interviews, review of records, etc. provide needed documentation for the presence or absence of a language disorder.

28. Can a School Psychologist determine if a child meets eligibility standards for language?
NO – The School Psychologist cannot make that determination. The SLT should be a member of the evaluation team and have assessed the student's language skills. The School Psychologist may be designated to complete a component of the assessment or collaborate with the SLT to determine the most appropriate area of eligibility. The IEP team determines the eligibility of a student.

SPECIFIC ASSESSMENT QUESTIONS

1. *What language assessment should be used if the student's chronological age is significantly higher than his/her measured cognitive ability?*
   A functional communication measure may be the only viable way to evaluate the student. descriptive measures are more appropriate than standard scores. The *Functional Communication Rating Scale* and the *Teacher Input - Functional Communication* forms in the Language Assessment Resources Packet are specifically designed for this purpose. The SLT may choose to administer standardized measures that are normed on a younger population and report descriptive findings rather than standard scores.

2. *For low-functioning students, should some kind of formal testing be used such as the SICD or SICD-A in addition to informal observations? I have received many reports in the past stating that they could not test and only included a small observational portion.*
   A standardized, comprehensive assessment tool, such as the Functional Communication Profile or the REEL-2, should be used in these cases. In this case, however, the informal assessment/descriptive measures would constitute the majority of the assessment and the evaluation report.

3. *Could you review the reason why I was taught in school not to use age-equivalents in our report writing?*
   Age equivalents do not represent the student's relative performance to other students nationally. The picture may be skewed with age equivalents. Standard scores level the performance of students on the assessment based on a normal distribution of scores and expected development in each area measured.

4. *How do we document interventions for a child not enrolled in school such as "drive-in" Speech/ language therapy?*
   I assume that when you refer to "drive-in" speech therapy, you are referring to children (preschoolers, private school children, home-schooled children) who receive therapy and have an IEP but are not enrolled in the school. Although we are unable to implement interventions for these children since they are not enrolled in our schools, we must still obtain teacher information in order to document the adverse effects of the child's disability within the student's natural environment.

5. *In considering Language Impairment as a part of Mental Retardation or Autism using the new standards, a full or complete language assessment would not be necessary. Is it correct to assume that SLTs can complete only observations, scales and tests that are deemed necessary to determine the student's functional level of communication?*
   A comprehensive language assessment is not required in this case provided observations, checklists, etc. are sufficient to provide needed data for writing pertinent IEP goals and objectives.

6. *What comprehensive measure would you suggest for assessing auditory processing/perception? All listed in the Assessment Instruments are listed as supplemental.*
   There is no comprehensive test that addresses only auditory processing/perception. If you suspect a child does have an auditory disorder, you would still need to administer a comprehensive test such as the CELF-3, TOLDP: 3, etc. Most of the comprehensive tests do address auditory skills in the subtests. You should still administer a supplemental test that targets specific auditory perceptual/processing skills such as the TAPS-R to provide additional information. Descriptive/informal measures for classroom performance would also be needed.

REEVALUATION/DISMISSAL (EXIT FROM SPECIAL EDUCATION) QUESTIONS

1. *Is it appropriate to dismiss a child from speech therapy after age-appropriate sounds have been remediated and the remaining errors are developmental?*
   This is a decision that is best left to clinical judgment. If a student is stimulable for correct production of the remaining error sounds and is making progress, the SLT may choose to retain the student in therapy. If, however, the student is unable to produce the error sounds over time, conduct a reevaluation review for consideration of exiting the student from special education. Factors to be considered are the number of sounds in error, stimulability for correct sound production, speech intelligibility and educational impact.

2. *What do we do about students who are now receiving speech and language services and are eligible with another disability when the standard scores for language are at or above the I.Q.?*
   You may no longer use cognitive referencing when determining eligibility for language services. You must look at the individual needs of the student. When a student's re-evaluation review is conducted, the IEP team may choose to have a language evaluation to determine current levels of functioning for that child and to document if continued services are warranted. The IEP team must be cognizant that if it requests a formal, comprehensive evaluation, the new eligibility standards are required.

3. *If a student is evaluated and meets the eligibility standards for a Language Impairment but the IEP team determines that needs can be met in the general education program, does the child need to be reevaluated in 3 years to determine whether or not his needs continue to be met?*
   If the IEP team determines the student does not meet eligibility standards, s/he does not need to be reevaluated. However, at a later time the student can be referred again if appropriate. At that time the process for initial evaluation begins.

4. *Does the entire Reevaluation Packet need to be filled out when dismissing (exiting) a student from Language and/or Speech services?*
   The State's *Reevaluation Summary Review* packet has recently been updated and is available in both Word Document and Electronic formats on the Special Education website at http://www.tennessee.gov/education/speced/seassessment/. This packet contains *Instructions* for completing Sections I/II and IV (for all students). There are ten Section III review pages that are to be used, depending on the specific assessments being reviewed (i.e., Language/Articulation, Fluency/Voice, or Preschool). The IEP team completes section V after all data has been gathered and documented (Sections I, II, III, and IV). The SLT should complete the appropriate assessment pages from Section III of this packet, and the SLT or other Special Education personnel, as appropriate, should complete Sections I, II, and IV of the packet. Section V is completed when the IEP team meets and determination is made as to if any more information is needed before continuing eligibility can be made. If no additional information is needed, the IEP team must sign where appropriate. The reevaluation process should be followed whenever a change is made in services. The only exception to this requirement is when the student graduates from high school with a regular diploma.

5. *What forms do we use for dismissal? Please clarify when a child has corrected all speech sounds but still needs service for language. When a child is receiving services through both resource and speech, how do you dismiss the child from speech services but continue services in resource?*
   When a child is considered for discontinuation of special education services, a reevaluation is needed if speech and/or language services are no longer to be provided. If a student receives services for language and speech when speech is no longer an issue. follow the procedures for a reevaluation review and determine eligibility for the child under the language area only. A new *Eligibility Report* is completed by the IEP team to reflect this change.

EVALUATION TIMELINE QUESTIONS

1. *I was at a SLD standards workshop in May 2002, when the presenter talked about going beyond the 40 school day timeline when the psychoeducational assessment results suggest a possible Language Impairment. It was suggested that if the information gathered was sufficient for eligibility as a student with Specific Learning Disabilities that the IEP team meet, develop an IEP, then request an evaluation by the SLT. In this case the initial eligibility could be changed, if needed. Wouldn't this situation apply to SLTs who have documentation of a Language Impairment and suspect a Specific Learning Disability?*
   YES – this would be a similar situation. In cases where the student is not eligible as Language Impaired and your assessment information indicates a possible Specific Learning Disability, document the reasons for the extension of time, obtain the parent's informed permission on the *Evaluation Timeline Waiver*, and have the request for extended time submitted before the initial 40 school day period has elapsed. This procedure applies to all assessment personnel under extenuating circumstances. The Evaluation Timeline Waiver and Instructions for Completing and use of the ETLW are located on the Special Education website at http://www.tennessee.gov/education/speced/seassessment/.

2. *Please help with this scenario: The IEP team meeting is held and a need for language assessment was determined. In the process of the speech-language assessment, a separate disability is suspected. At the 2nd IEP meeting eligibility in Speech and/or Language is determined and the suggestion is made to evaluate the other area of disability. At this point the initial referral has been closed. If the IEP team agrees for assessment in the second suspected area of disability, is an Evaluation Timeline Waiver needed?*
   NO – The IEP team can indicate on the IEP that assessment will be made in the second area of suspected disability, the person(s) responsible, and the time needed for this evaluation. The IEP team should reconvene to discuss the evaluation results, amend the *Eligibility Report* (if needed) and revise the IEP when appropriate within the timeframe specified on the IEP. Best practices would be that the time needed for this assessment should not exceed 40 school days.

3. *If I have documentation supporting why I'm over 40 days (i.e., the child does not pass hearing screening and is being treated by a doctor or Audiologist) do I need an Evaluation Timeline Waiver?*
   YES – The *Evaluation Timeline Waiver* and detailed instructions are on the Special Education Website and may be used with approval from the Division of Special Education.

4. *Can the Timeline Waiver form be used with chronic middle ear problems that are difficult to resolve?*
   YES – The *Evaluation Timeline Wavier* is first sent to the parent for permission to extend the required 40 school day evaluation timeline with an explanation for the purpose of evaluation delay. After permission is returned from the parent, the *Evaluation Timeline Waiver* is faxed to the State Department of Education by the Special Education Supervisor for approval. This should all be done before the 40 school day time limit allotted for evaluation has ended. The *Evaluation Timeline Waiver* is either approved or not approved and faxed back to the Special Education Supervisor in order to avoid delays in the student's evaluation.

OTHER DISABILITY CONSIDERATIONS

1. *Is it appropriate for a child suspected of selective mutism to be referred for a speech and language evaluation?*
   According to the National Association of School Psychologists (Shipon-Blum, 2002), selective mutism (SM) is a complex childhood anxiety disorder characterized by a student's inability to speak in select social settings, such as school. It is not a symptom of a communication disorder, developmental disorder such as Autism or Asperger's Syndrome, or psychiatric disorder such as schizophrenia. A speech and language evaluation may be warranted in some cases. The best course of action is to confer with the School Psychologist, as an assessment would only be valid once the child had begun to talk at school. An excellent source of information in this area is the article by Elisa Shipon-Blum entitled "When the words just won't come out" – understanding selective mutism", National Association of School Psychologists, February 2002.

2. *How do we approach situations where parents refuse to have IQ testing done and say, "Oh it's very obvious that s/he is MR"?*
   If you suspect a student is a student with Mental Retardation and parents agree, you may need to explain in more detail the regulations and requirements for making that eligibility determination that includes a test of intellectual ability. This is not only useful for eligibility determination but for program planning. If the student appears to be severely or profoundly MR (i.e., 'untestable'), s/he still needs to have an evaluation attempted and followed up with an extensive functional observation.

3. *(This question was submitted by a School Psychologist.) It was brought to my attention last year that I should avoid determination of eligibility in SLD in the areas of Listening Comprehension and Oral Expression and evaluate for Language Impairment instead – meaning to involve the SLT and the comprehensive assessment of language. How should I proceed in these cases?*
   The SLT and SP should collaborate whenever consideration is being made for the identification of SLD in the areas of listening comprehension or oral expression.

4. *Please explain the difference between a (1) learning disability in the area of listening comprehension and oral expression and (2) a receptive or expressive language disorder.*
   The hallmark of a learning disability is a documented academic deficit as assessed by achievement tests and the presence of a cognitive processing disorder in the identified academic deficit. Language Impairment does not specifically address academic deficits requiring discrepancy between cognition and achievement, although the language impairment must adversely affect the student's ability to progress in the general education curriculum. This adverse effect may be documented through classroom observations, checklists, student work samples, etc. It does not have to be documented through standardized test scores, as is the case with a learning disability.

5. *Do the new eligibility standards require that an SLT provide the language assessment for Developmental Delay?*
   The SLT would be involved in the assessment of Developmental Delay whenever the Communication Domain is suspected to be an area of significant weakness based on pre-assessment screening for that child. The Communication Domain score required for Developmental Delay must be a combined or aggregate expressive/receptive standardized measure.

6. *Are you saying that we should no longer determine a 2nd disability even if the student's assessment results numerically meet the eligibility standards?*
   NO – However, if the student's assessment results are part of the broader disability, it is not necessary to document a second disability. Examples of this would be Autism where language deficiency is a component of Autism and Mental Retardation, which by definition

describes all cognitive abilities, including language, as being significantly deficient. On the other hand, a student may be identified with Language Impairment and a Specific Learning Disability as SLDs include significant deficit academic achievement levels and Language Impairment does not.

7. *Why don't we list Language Impaired along with Autism on the Eligibility Report?*
   The diagnosis of Autism requires that the student have significant deficits in communication and social interaction. It is redundant to list Language Impairment as a secondary disability.

8. *If we evaluate language and eligibility is not due to a true language delay, (i.e. could be SLD, Autism, MR, etc.), do we still determine eligibility for a Language Impairment as a secondary disability and provide services to the student?*
   You would not add a secondary eligibility in this situation although you may serve that student if the IEP team determines that there is a need for language services. The IEP team determines the provision and kind of service (i.e., direct, consultation, collaboration, etc.). On the census form for each student the type of services provided, the level or option of service, and the service provider are documented.

9. *Are you saying that you can use a secondary eligibility of language?*
   You can designate Language Impairment as a secondary disability if it is a distinct impairment separate from another disability. In many cases the language problem can be considered to be part of another disability (e.g., Mental Retardation, Autism, and Developmental Delay). In that case, it would be inappropriate to list Language Impairment as a secondary disability. Collaboration between the School Psychologist and the SLT will be required to make this determination.

10. *If you suspect another disability but the School Psychologist says that the child is too young to be evaluated with an intelligence test or to assess academic performance, should you accept this or push for additional testing?*
    Whenever the SLT or School Psychologist suspects a disability other than the original disability considered, a consultation should be made among all appropriate assessment specialists. The School Psychologist or other professionals (e.g., Occupational Therapist) might provide the child's *Direct Observation* in the classroom and obtain a more realistic picture of the child's functioning, in addition to the standardized assessment already gathered.

11. *What happens when parents refuse an eligibility determination of Autism or Mental Retardation?*
    It is the professional responsibility of the IEP team to decide the most definitive eligibility category for a child. If the IEP team has followed proper procedures for assessment, has documentation to support the impairment, and all but the parent support the diagnosis, Due Process procedures may be indicated.

12. *How do we report a child on our census if eligibility is not determined as Language Impaired (e.g., when the student has Autism or Mental Retardation?*
    The census form reflects the type and hours of service and the person responsible for providing that service. The area of eligibility does not dictate the service a child is to receive.

13. *Please further explain evaluation and assessment requirements for students with other disabilities such as MR, Autism, ED, DD, etc. with regard to: 1) evaluate in all areas of suspected disabilities and 2) determine appropriate service and programming.*
    Evaluation in all suspected areas of a disability begins with concerns from the referral process. The IEP team decides (based on information from the referral) what areas should be assessed. During the course of the assessment there may be other issues and questions

that need to be addressed and more time may be required to diagnose the child. In that case, the *Evaluation Timeline Waiver* form could be used to provide additional time to obtain relevant information when necessary. It is better to request additional information and extend the evaluation when eligibility is in question than to incorrectly identify a student and recommend a change in eligibility. When determining appropriate services and programming for these students, the IEP team should identify goals and objectives based on educational needs and then determine the levels of service and the service providers for implementation of the IEP. The SLT may need only to provide consultative or collaborative services for the student, depending on the nature of the delays.

IEP – LRE – PROCEDURAL SAFEGUARDS

1. *Can a student be enrolled in speech/language therapy without a Speech/Language Impairment eligibility?*
   YES – The IEP team determines services if a student is found to be eligible for Special Education. Therefore, it is possible that a student with a disability other than a Speech or Language Impairment could receive speech/language therapy services. For example, a student who is identified with Mental Retardation or Autism may be enrolled in speech/language therapy if it is determined by the IEP team that that service is required in order for the student to meet the goals and objectives on the IEP. Conversely, it is possible for a student with a Language Impairment to receive resource or inclusion services if the IEP team determines that resource is required in order for the student to meet the goals and objectives on the IEP. The SLT determines if a student meets the standards for eligibility as Speech and/or Language Impaired, but it is the IEP team that determines eligibility for Special Education services, writes the goals and objectives, and determines the type and amount of service required for the student to meet those goals and objectives.

2. *Can an IEP team determine that a child will receive language therapy without a speech/language evaluation completed by an SLT?*
   Best practices would require a speech/language evaluation in order to determine if a student does or does not have a Speech/Language Impairment according to the eligibility standards. Such an evaluation would also provide areas of strength and weakness, which would guide the IEP team in determining what IEP goals and objectives, would be appropriate. The IEP must state a present level of performance for each area addressed, therefore requiring assessment data. The present level of performance serves as the rationale for the annual goal and the subsequent objectives. Descriptive information, rather than test scores may be helpful in developing those IEP goals and objectives. It is also appropriate for the SLT to advise the IEP team when writing communication goals and objectives, if necessary, even if the student will not be enrolled in speech/language therapy.

3. *Can a general education classroom teacher be the person responsible for implementation of IEP goals?*
   The General Education teacher may be the person that implements the goals (i.e., modifications and accommodations in the classroom) when the student is being served through a consultation service delivery model. However, special education personnel are responsible for writing the IEP and assuring the appropriate implementation of the goals.

4. *How does identifying a child as a student with Mental Retardation versus Language Impairment affect following LRE guidelines/requirements?*
   Least restrictive environment (LRE) refers to service delivery or program. It is not related to eligibility standards.

5. *If my evaluation report states that the student does not meet eligibility standards for a Speech/Language Impairment, how can I recommend speech/language services in the case of students with MR, DD, etc.?*
   Disability category should be separated from service delivery. Once the IEP team determines a student is eligible for any disability category, that student should receive Special Education services based on the goals and objectives in the IEP. There is a continuum of Special Education services available for students, including Resource, speech/language therapy, etc. Those services are offered based on the IEP team's judgment of what services are required for that student to meet his/her specific goals and objectives. Although it is less common, it is possible for a student to be identified with a disability and not be eligible for Special Education because s/he can succeed in the general curriculum without those services. That decision is documented on the *Eligibility Report*. When communication goals and objectives are included, it is not necessarily the SLT who will be providing those services. You may want to change the wording in your evaluation report to be more positive. Instead of stating "s/he does not meet the eligibility standard," you could state that the student's performance in your assessment "supports the identification of MR, DD, Autism, etc."

6. *Historically, children who are identified with Speech Impairments did not or could not receive resource/ academic services in Special Education. If there is a significant educational impact but no other disability, could a student identified with a Speech Impairment only (i.e., Articulation) be served by resource or other personnel on the IEP?*
   Articulation deficits can affect the student's progress in the attainment of academic skills such as reading, even though the student has not been identified with a Specific Learning Disability. The determination of eligibility is necessary to receive Special Education services. When the IEP team develops an individual program for each student, consideration should be made for any appropriate services that would facilitate the student's access to the general education curriculum. When academic deficits in the classroom result from the identified Speech Impairment, document those academic deficiencies and develop an appropriate IEP. Services in the area of remedial sound production training would be the responsibility of the SLT and services for remediation of related deficits could be provided through a Special Education teacher.

7. *On the State Census for funding, can SLTs be included as consultation/collaboration service providers for these students?*
   SLTs providing consultation services to students who are not receiving direct services in speech and/or language can be counted on the State Census for funding. The time spent in consultation must be documented on the IEP and in the student's file.

8. *Regarding the parent as part of the evaluation team – what do we do when the parent cannot be contacted, information is not returned from the parent, and the parent can not or will not come to a meeting regarding evaluation completion?*
   Procedures in these cases would be identical to procedures described in *Tennessee's Rules, Regulations and Minimum Standards for Special Education Services*. The LEA should make every effort to obtain permission and get the parent into the school for both parental input and discussion of assessment results at the IEP team meeting. Document all attempts to obtain input from the parent and to include the parent in the IEP team meeting (i.e., notices sent by the child, by U.S. Mail, telephone contacts, or attempted home visits). If there is no response, send a registered notice through the U.S. Mail confirming the parent's receipt of the notice for all incomplete aspects of the assessment process up to and including the IEP team meeting. If the child is found eligible for services, the registered *Notice of Placement for Services* form indicates that if there is no correspondence from the parent to the contrary, and services can begin within 14 days. As to the assessment, document in the *Written Report* all attempts to obtain parental input.

9. *Must all speech/language referrals go through the School Psychologist, including speech sound production referrals?*
   NO – Referrals made for assessment in any area should be made to the appropriate assessment specialist.

10. *Please explain, "Disability does not determine service". What would the SLP provide if a student were not eligible under Speech/Language Impairment?*
    A good example of this concept can be found with a student with Autism. Even though a Speech or Language Impairment is not listed as secondary, there may be several areas to address such as social language issues, pragmatics, visual schedules, etc. The levels of service (i.e., direct, consultation, collaboration) would be determined by the IEP team to best meet that student's educational needs.

11. *Can students receive Special Education services (reading, language arts, math, etc.) under the "Language Impairment" disability category?*
    Students can be served in a variety of Special Education programs based on specific needs determined by the IEP team. It would be preferable to consult with the School Psychologist to determine if another disability (i.e., Specific Learning Disabilities in Oral Expression or Listening Comprehension) may more appropriately describe the reason for the student's academic deficits.

TECHNICAL ASSISTANCE – MANUAL CLARIFICATIONS AND WEBSITE

1. *Was there any discussion with the SDE to develop uniform referrals, IEP forms, etc. to be used by ALL school systems in Tennessee?*
   The State Department of Education has developed referral and IEP forms that are on the Special Education Website (see "Special Education Forms") and school systems are encouraged to use these forms. Each form has been approved by the Office for Special Education Programs (OSEP). If school systems choose to develop their own forms, any requests must be submitted to the SDE for approval to ensure the contents of the document(s) are in compliance with IDEA and *Special Education Rules, Regulations and Minimum Standards*. Forms provided in the Assessment Resource Packets are optional and may be utilized by the SLT as needed.

2. *Is there a new Eligibility Form?*
   The revised *Eligibility Report* form (2002) and instructions for completion of the ER form are located on the Special Education Website (see "Assessment"). The form includes all necessary information required through IDEA and *Tennessee's Rules, Regulations and Minimum Standards* and is applicable to all disability areas. Specific documentation for the identified disability eligibility standards may be attached to the ER form or included in the *Written Report* submitted by the assessment specialist.

3. *As we implement the new guidelines for SLTs, will our administrators receive this data so that we will receive support? Most SLTs work diligently to provide services to all students but it is difficult if the administration does not have the data to appreciate the changes and workload needed for the services to be provided.*
   Special Education Directors, Administrators, General Education Teachers and assessment personnel were invited to the training provided in June 2002. The *Eligibility Standards*, which have been approved by the State Board of Education, have been posted on the Special Education Website since February 2002.

4. *Is it possible to get copies of the overheads used in the Eligibility Workshops? They summarize the elements of the new standards so well.*
   YES – The overheads will be available on the TAASLP website: www. taaslp.org

5. *When did the new eligibility standards go into effect?*
   The revised Eligibility Standards became effective on July 1, 2002.

6. *In the Working Draft of Tennessee Guidelines – Speech and Language Impairment Manual why do you refer to the Speech-Language Pathologist (SLP) as a Speech/Language Therapist (SLT)?*
   Minimal standards set by the State Board of Education for employment as a Speech/Language Teacher allow Bachelor level SLTs to work in the public schools. However, in 2010 the minimum standards will require a Master's degree equivalency for practicing and the term SLP will be constant.

7. *Is there a form on which to list the adverse effects and is there a suggested list of interventions to give the teachers for prior interventions?*
   There is no particular form for listing adverse effects since these are determined by the IEP team based on all the information gathered from the multi-modal assessment. There are several checklists in the Assessment Resource Packets that address a variety of adverse effects. School systems are responsible for developing intervention strategies.

8. *What is the recommended caseload for an SLT? How many schools should s/he serve? Do we do all of this and start classes on Day 1?*
   The caseload issue is being addressed by TAASLP representatives to the State Board of Education. Most systems do not require that services begin the first day of school. It usually takes a few days to establish schedules.

9. *What is the recommended caseload size?*
   The American Speech-Language Hearing Association (ASHA) recommends a caseload of 40 and fewer if you are working with preschoolers. In the State of Tennessee caseloads will range from about 50 to over 100 students. In the year 2001, a state law was passed that required the Tennessee State Department of Education to make recommendations for class and caseload sizes for special education students. Several plans were discussed and presently both groups accepted the BEP (Basic Educational Program) due to financial restraints in State funding. The BEP considers Speech/Language Therapists to fall under category Options 9 and 10. This would mean our caseloads could range from 73 to 91 students. When considering the SLT's responsibilities and review all options described on the BEP, it is evident that SLTs serve students from several of those options and not just numbers 9 and 10. Trying to fit SLTs into the BEP becomes a real challenge. Therefore, it might prove more beneficial to speak to Special Education Directors and other supervisors in your system about your "workload" and not "caseload"! Remind them that the BEP guidelines are only *recommendations* and certainly not *mandated* numbers that you are required to serve.

SPEECH AND LANGUAGE IMPAIRMENT – REFERENCES

American National Standards Institute (1991). Maximum permissible ambient noise levels for audiometric test rooms. (ANSI S3.1-1991). New York: Acoustical Society of America.

American National Standards Institute (1996). Specifications for audiometers (ANSI S3.6-1996). New York: Acoustic Society of America.

American Speech-Language-Hearing Association. (1993) "Definitions of Communication Disorders and Variations." ASHA Vol. 35, p. 40-41.

American Speech-Language-Hearing Association (2001). *Draft guidelines for audiology services in schools.* Rockville, MD.

American Speech-Language-Hearing Association. (1997). Panel on Audiologic Assessment Guidelines for Audiologic Screening. Rockville, MD.

American Speech-Language-Hearing Association. (1983). Position statement on social dialects. ASHA 25(2), 23-27.

American Speech-Language-Hearing Association. (1985). Position statement on clinical management of communicatively handicapped minority language populations. ASHA 227(6), 29-32.

American Speech-Language-Hearing Association (2002). *Spoken Language Development in Young Children.* Rockville, MD.

Anderson, K. L. & Matkin, N. D. (1997). Relationship of Degree of Long-term Hearing Loss to Psychosocial Impact and Educational Needs. *The Clinical Connection*, 10 (4).

Anderson, R.T. (1994). "Cultural and Linguistic Diversity and Language Impairment in Preschool Children." *Seminars in Speech and Language* 15(2), 115-124.

Battle, D.E. (2002). Communication disorders in multi-cultural populations. 3rd Ed. Boston: Butterworth Heinemann.

Bernthal, J.E. & Bankson, N.W. (1998). *Articulation and phonological disorders (4th Ed.)*. Needham Heights, MA: Allyn & Bacon.

Bernthal, J.E. & Bankson, N.W. (1988). *Articulation and phonological disorders (2nd Ed.).* Englewood Cliffs, NJ: Prentice-Hall.

Bess, F. H., Gravel, J. S., Tharpe, A. (1996). *Amplification for children with auditory deficits*. Nashville, TN: The Bill Wilkerson Center Press.

Bleile, K.M. (1995*). Manual of articulation and phonological disorders*. San Diego, CA: Singular Publishing.

Boone, D.R. & McFarlane, S.C. (1994). The voice and voice therapy. (5th Ed). Englewood Cliffs, NJ: Prentice-Hall.

Boone, D. R. & McFarlane, S. C. (1988). The voice and voice therapy. (4th Ed). Englewood Cliffs, NJ: Prentice-Hall.

Brackett, D. (1997). Intervention for children with hearing impairments in general education settings. *Language, Speech, and Hearing Services in Schools, 28,* 355-361.

Chamberlain, P. & Landurand, P.M. (1991). "Practical Considerations for the Assessment of LEP Students with Special Needs." in Limiting Bias in the Assessment of Bilingual Students. A. V. Hamayan & J. Damico (Eds.). Austin: Pro-Ed.

Cheng, L.L. (1987). English communication competence of language minority children: Assessment and treatment of language "impaired" preschoolers. In Success or failure: Learning and the language minority student. H. Trueba (Ed.) New York: Newbury House.

Colorado Guidelines for Speech-Language Assessment and Eligibility and the Communication Rating Scales. Colorado Department of Education, Special Education Services Unit. 201 East Colfax Ave., #300 Denver, CO 80203-1704, 970-866-6694.

Coryell, J. & Holcomb, T.K. (1997). The use of sign systems in facilitating the language and communication of deaf students. *Language, Speech, and Hearing Services in Schools, 28* (4*),* 384-394.

Craighead, N.A.; Newman, P.W.; & Secord, W.A. (1985). *Assessment and Remediation of Articulatory and Phonological Disorders*, 2nd *Ed.* Merrill Publishing Company, an imprint of Macmillan Publishing Company.

Cummins, J. (1984). Bilingualism and special education: Issues in assessment and pedagogy. San Diego: College-Hill Press.

Department of Public Instruction. (1992). Language Sample Analysis: The Wisconsin Guide. Madison, Wisconsin.

Department of Public Instruction. (1997). Linguistically Culturally Diverse: African American. Madison, Wisconsin.

Erikson, J.G. & Iglesias, A. (1986). "Assessment of Communication Disorders in Non-English Proficient Children." In *Nature of Communication Disorders in Culturally and Linguistically Diverse Populations*. O.L. Taylor (Ed.). San Diego: College-Hill Press.

Fahey, K. & Reid, D.K., (2000). Language development, differences and disorders: A perspective for general and special educators and classroom-based speech-language pathologists. Austin, TX: Pro-Ed.

Figuero, R.A., & Garcia, E. (1994). Issues in testing students from culturally and linguistically diverse backgrounds. *Multicultural Education*. 2(1), 10-23.

Figueroa, Richard (1990). Best practices in the assessment of bilingual children. Best Practices in School Psychology II.

Fletcher, S.G. (1972). Time-by-count measurement of diadochokinetic syllable rate. *Journal of Speech and Hearing Research*, 15, 763-770.

Fletcher, S.G. (1978). *Time-by-count test measurement of diadochokinetic syllable rate.* Austin, TX: Pro-Ed.

Flexer, C. (1997). Individualized and sound-field FM systems: Rationale, description and use. *The Volta Review, 99* (3), 133-162.

Fradd, S.H., McGee. P.L.. & Wilen. D.K. (1994). Instructional Assessment: An Integrative Approach to Evaluating Student Performance

Garcia, E. (2002). Student cultural diversity. (3rd Ed.). Boston, MA: Houghton Mifflin.

Goldstein, B.A. & Iglesias. (1996). A. "Phonological Patterns in Normally Developing Spanish-Speaking 3- and 4-Year-Olds of Puerto Rican Descent." *Language, Speech, and Hearing in Schools.*: 27(1), 82-90.

Goldstein, B. (2000). *Cultural and linguistic diversity resource guide for speech-language pathologists.* San Diego, CA: Singular Publishing Group/Thomson Learning.

Guidelines for Speech and Language Programs, vol. 2. (1999). Determining Eligibility for Special Education Speech and Language Services – Working Draft. State of Connecticut Department of Education, Bureau of Special Education and Pupil Services.

Hall. B. J., Oyer, H. J. & Haas, W. H. (2001). *Speech, language and hearing disorders: A guide for the teacher.* (3rd. Ed.). Needham Heights, MA: Allyn & Bacon.

Hamayan, A.V. & Damico, J.S. (1991). Limiting bias in the assessment of bilingual students. Austin, TX: Pro-Ed.

Haynes, C. & Roseberry-McKibbin, C. (2001). Basic guidelines for evaluating multicultural assessment tools. In Guide to speech-language pathology assessment tools for multicultural and bilingual populations. Rockville. MD: American Speech-Language Hearing Association.

Hodson, B.W. & Edwards, M.L. (January 1997). Perspectives in Applied Phonology. Aspen Publishes, Inc.

Hwa-Froelich, D., Westby, C.E., & Schommer-Aikins, M. (December 2000). Assessing language learnability. Language Learning and Education, 17(3), 3-7.

Individuals with Disabilities Education Act (IDEA 97). *Federal Register*, Volume 62. No. 204, Part V, U.S. Department of Education, 34CFR.

Kayser, H. (1989). "*Speech and Language Assessment of Spanish-English Speaking Children."* Language, Speech and Hearing Services in Schools: 20, 226-241.

Khan, L.M. (April 1982). Phonological Disability in Children: “A Review of 16 Major Phonological Processes.” Language, Speech, and Hearing Services in Schools, pp. 77-85.

Langdon, H.W. (2002). Interpreters and translators in communication disorders: A handbook for practitioners. Eau Claire, WI: Thinking Publications.

Langdon, H.W. & Cheng, L. (2002). Collaborating with interpreters and translators: A guide for communication disorders professionals. Eau Claire, WI: Thinking Publications.

Ling, D. (1976). *Speech and the hearing-impaired child: Theory and practice.* Washington, DC: Alexander Graham Bell Association for the Deaf.

Ling, D. (1989). *Foundations of spoken language for hearing-impaired children.* Washington, DC: Alexander Graham Bell Association for the Deaf.

Long, E. & Vining, C.B. (December 2000). Language characteristics of native American children: Considerations for assessment. Language Learning and Education, 17(3), 7-11.

Luetke-Stahlman, B. (1998). Providing the support services needed by students who are deaf or hard of hearing. *American Annals of the Deaf, 143* (5), 338-391.

Lynch, E.W. & Hanson, M.J. (1998). Developing cross-cultural communicative competence. A guide for working with children and their families (2nd Ed.). Baltimore, MD: Paul H. Brookes Publishing Co.

Miller, Jon & Department of Public Instruction. (1992). Language Sample Analysis: The Wisconsin Guide. Madison, Wisconsin.

Moores, D. F. (1996). *Educating the deaf: Psychology, principles, and practices* (4th Ed.). Boston, MA: Houghton Mifflin Co.

Mullis, F. & Otwell, P. (1998). Consulting with classroom teachers of students who are hearing impaired: Useful information for school counselors. *Journal of Humanistic Education and Development*, *36*(4), 222-233.

Nebraska State Department of Education (September 1990). Iowa-Nebraska Articulation Norms.

Nevins, M.E. & Chute, P.M. (1996). *Children with cochlear implants in educational settings.* San Diego, CA: Singular Publishing Group, Inc.

Occupational Safety and Health Administration. (December 1991). Occupational exposure to bloodborne pathogens: Final rule. Washington, D.C.: Federal Register.

Ohio Department of Education. (1991). “Ohio Handbook for Identification, Evaluation, and Placement of Children with Language Programs.” Columbus, OH.

Paul, Rhea. *Language Disorders from Infancy through Adolescence*. (1995). St. Louis: Mosby.

Purcell, R.M. & Runyan, C.M. (1980). Normative study of speech rates of children. *Journal of the Speech and Hearing Association of Virginia*, 21, 6-14.

Processes and Procedures for Assessing and Serving Students with Communication Disabilities in Kansas Schools. (1999). Kansas State Department of Education.

Retheford, K.S. (1993). Guide to Analysis of Language Transcripts. Thinking Publications: Eau Claire, Wisconsin.

Richard, Gail, J. (2001). "The Source for Processing Disorders". LinguiSystems.

Robertson, P. (1997). Improving Services for Language Minority Students with Disabilities, a workshop. Austin: University of Texas at Austin.

Roseberry-McKibbin, C. (1994) "Assessment and Intervention for Children with Limited English Proficiency and Language Disorders." *American Journal of Speech-Language Pathology* : 3(2), 77-88.

Roseberry-McKibbin, C. (1995). Multicultural students with special language needs. Oceanside, CA: Academic Communication Associates.

Sattler, Jerome M. (1988). Assessment of Children. San Diego: Jerome M. Sattler, Publisher.

Schraeder, T., Quinn, M., Stockman, I.J., & Miller, J. (August 1999). "Authentic Assessment as an Approach to Preschool Speech-Language Screening". American Journal of Speech-Language Pathology: Vol. 8, p. 195-200.

Schirmer, B. (2000). *Language and literacy development in children who are deaf.* Needham Heights, MA: Allyn & Bacon.

Secord, W. (Fall 1992). "The Use and Abuse of Standardized Tests with Children with Special Needs." *The Clinical Connection,* 19 -23.

Shipley, K.G. & McAfee, J.G. (1998). *Assessment of Speech-Language Pathology: A Resource Manual, 2nd Ed*. San Diego: Singular Publishing Group.

Smit, A.B., et al. (November 1990). "The Iowa Articulation Norms Project and Its Nebraska Replication": Journal of Speech and Hearing Disorders, Vol. 56, No. 4, p. 779-798.

Stockman, I. (July/August 1999). "The Concept of a Minimal Competence Core Shows Assessment Promise." ASHA: p. 50.

Stockman, I.J. (1996). "Phonological Development and Disorders in African American Children." in Communication Development and Disorders in African American Children. A.G. Kamhi et al. (Eds.). Baltimore: Paul H. Brookes Publishing Co.

Taylor, O. & Payne, K.T. (1983). "Culturally Valid Testing: A Proactive Approach." *Topics in Language Disorders*: 3 (3), 8-20.

Tharpe, A.M. & Bess, F.H. (1991). Identification and management of children with minimal hearing loss. International Journal of Pediatric Otorhinolaryngology. 21, 41-50.

Tye-Murray, N. (1993). *Communication training for hearing-impaired children and teenagers: Speechreading, listening and using repair strategies*. Austin, TX: Pro-Ed.

Tye-Murray, N. (1994). *Let's converse! A how-to guide to develop and expand the conversational skills of children and teenagers who are hearing impaired.* Washington, DC: Alexander Graham Bell Association for the Deaf.

Tye-Murray, N. (1998). *Foundations of aural rehabilitation.* San Diego, CA: Singular Publishing Group, Inc.

Wayner, D. W. & Abrahamson, J. E. (1998). *Learning to hear again with a cochlear implant. An audiologic rehabilitation curriculum guide.* Austin, TX: Hear Again, Inc.

Watson, J.B. & Kayser, H. (1994). "Assessment of Bilingual/Bicultural Children and Adults Who Stutter." *Seminars in Speech and Language.* 15(2), 149-164.

Wlodkowski, R.J. & Ginsberg, M.B. (1995). Diversity and motivation: Culturally responsive teaching. San Francisco: Jossey-Bass.